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ABSTRACT

This facilitator's manual, produced by the Family Developmental Center of the Family Service Agency of San Francisco, is designed for use with groups of school-age mothers. Included are meeting-by-meeting instructions for the group leader and some curriculum materials for students. The introduction indicates that the leader should be sensitive to the needs of the individuals in the group and flexible in presenting materials as the group develops. Eight units are given under the titles: (1) It's a Time for Exploration, (2) Nutrition, (3) Infant Development, (4) First Aid, (5) Developmental Crises, (6) Growing with Your Child: Discipline, (7) Growing Women, and (8) Pre-natal Development. (GO)

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GROWING WITH YOUR BABY

A Facilitator's Manual for Use With School-Age Parent Groups

developed by

Patricia Lyman

is a product of

Family Developmental Center

of the

Family Service Agency of San Francisco

1855 Folsom Street

San Francisco, California 94103

Judith Lewis, Project Director

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P.L.

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HOW TO USE THE MANUAL

This manual includes meeting-by-meeting instructions for you as the group leader as well as a copy of the student materials, which are boxed off in smaller print. The curriculum materials are interspersed with the instructions in the manual in the same way that you are intended to intersperse discussions in the class with the students' use of their handbooks. When you use the curriculum materials with the group, they should always be read aloud either by yourself or by a volunteer from the group.

It will be important for you to read the whole manual before beginning group meetings so that movies and materials that will be needed can be ordered in advance.

INTRODUCTION

This manual has been designed with the belief that growth in parenting effectiveness can only parallel a mother's own personal growth, particularly if she's an adolescent. The learning model which guided its development is that cognitive and emotional growth is most easily facilitated in a group setting in which individuals are involved in activity which is personally relevant.

There are several environmental considerations which will effect the feeling tone in your group from the beginning. The size of the room, its decor, and seating arrangement should be chosen to facilitate group interaction and comfort. For example, you should choose a fairly small room which is private enough so that the members will not be distracted by outside noises. Seating should be in a circular fashion, whether it is around a table or on pillows on the floor. In order to maximize a feeling of involvement and participation, you should have no more than 12 group members and preferably only eight.

The reasons that the mothers are in the group will have a pronounced effect on the way that it progresses and the problems you will encounter. If you are in a school setting where attendance is required, there may be an initial lack of the kind of enthusiasm that it usually takes to make a group work. Any resistance that stems from this requirement aspect can be minimized if you make clear from the very beginning exactly what your expectations are; what types of excuses you will accept, how many absences will be allowed, and what the repercussions will be if attendance requirements are not met. You will avoid a hassle in the long run if

policies are determined ahead of time and if you clearly explain at the beginning session exactly what your own area of freedom is in regard to the class requirements.

It will be helpful if the mothers know each others' infants, but it usually is distracting to have infants present at the regular meetings. For this reason, you should set aside other times, perhaps during the filming of the babies,* for them to get acquainted. If the group is held in a cooperative nursery setting, it is best to hold the meetings in a room situated so that the infants cannot see their mothers as they go into the meeting room; this avoids many tears.

Your timing in the presentation of the various sections will be very important. The materials are presented in the manual in an order that worked best with my groups. For example, it seemed to be important during the initial phases for group members to talk about themselves and get to know one another, and yet they responded much more readily to structured encounters than to an open forum. As time passed, they had less of a need for structure as discussion began evolving spontaneously. Members eventually became more willing to expose themselves and take risks in, for example, role-playing situations. You are the only person who can judge the appropriate time for movement from structure to non-structure and from relatively low risk to high risk activities within your own group. You will have to do this on the basis of your own experience of the group's growth. There are several types of activities, however, that you probably will not want to do until the group has attained a sense of solidarity. Roleplaying exercises, for example, should

* See Unit I: Class 6

not be introduced until there is a feeling of trust between group members. As another example, you probably will not feel comfortable about staging a fight with one of the group members until the group's trust in you is confirmed. Discussions around sexuality and contraception can be controversial and the materials introduced will sound like polemics unless the group members have faith in your concern and trust in them. Be aware that timing will affect how everything you present is received; be sensitive to the members' needs at all times. If you do not feel as if something will work, save it for later or leave it out.

There may be issues which are not covered in the curriculum that are important for your group. For example, you may want to center some of your discussions around how to obtain access to community resources: medical doctors, clinics, housing, welfare monies, jobs, childcare and so forth. You may want to talk about principles of household management if many of the mothers are starting out in homes or apartments by themselves. If the mothers' basic needs for food, shelter and security are not being met, discussions that center around infant development, as an example, will seem esoteric and irrelevant.

The unit on Prenatal Development has been placed at the end of the manual because our experience has shown that it is a topic which has little immediate relevance for mothers who have just delivered. If you are working with a group of expectant mothers, you may want to use it in one of the first classes. Otherwise, time its use according to your own sense of the group's needs. You may find, as we did, that interest peaks again if any of the mothers become pregnant during their involvement in your group.

The childrearing practices of a mother are affected by the

expectations, values and attitudes operative within her own community. Since the focus in your group will be on the mother's growth as a total person, you will need to be sensitive to the variety of life experiences represented in the group. Having a similar ethnic and socioeconomic background as a majority of the mothers can be an asset since you are likely to have shared many of the same experiences. Similarly, if you have a small child of your own you will tend to be more aware of many of the problems that they are facing. Whether or not this is the case, you are probably aware of the fact that it is difficult to try to "teach" a subject such as childrearing when there is no universal or right method for bringing up a child. You can be most effective in your role by helping the mothers learn from each other. Your goal in this case will not be to "teach", per se, but to help the mothers become aware of their own practices and to encourage them to critically evaluate them. The fact that there will be many different points of view generated during discussion will challenge them to do this. Although you may be an authority in infant development or childrearing practices, you should offer what you know to the mothers rather than impose information on them.

It is obvious that your job will not always be an easy one; it will call for a capacity to be flexible in your role. You will have to be able to provide enough structure as a leader to establish an initial focus and to make the group feel secure, and yet be able to abandon that central position once the group process becomes self generating. Your task from that point on will be to facilitate group discussion through focusing in on issues in which interest

is shown by drawing members out and by encouraging them to interact with one another.

It may take many weeks to elicit the kind of cooperation, participation, and sense of involvement that you need in order to feel that the group has solidified. If things don't happen as fast as you'd like them to, it helps to be aware of the fact that "resistance" is an inevitable component of group functioning in the beginning. It also will help if you are **aware** of your own moods and deal with them directly. If a meeting has low energy, express your feelings about it to the group and ask the members how they are feeling. This may help avoid the development of angry feelings in the long run if things aren't going as well as you had hoped. It is also important to remember that your group is a part of a total system, whether a school or a daycare center. If the system itself isn't working well, if there is tension between staff, between students and staff, or between staff and administration, it will be reflected in the way the group functions.

Some other things to consider are that:

...You should be sensitive to group members' attitudes toward or abilities to write. There may be some who will feel intimidated or threatened by the proposal that they write or others who feel that it is too academic a task. Although writing is an activity which can help group members focus on particular issues or feelings, you should be prepared to abandon it as a technique and carry out the exercises verbally if you encounter resistance.

...You should review all films before you show them in order to determine their suitability for your group and to familiarize yourself with the material covered.

...It is nice to be able to have coffee, tea or snacks at the meetings. If your budget doesn't provide for food, perhaps the group can plan a money making activity, such as a bakesale.

...The group will probably work best if the infants of the mothers are around the same age.

...Field trips can be exciting. Possibilities include a visit to a local day care center, going to a movie that the mothers express interest in, visiting a library and reviewing children's books.

...Perhaps money could be set aside for hiring a mother who has been an active participant in a former group as a paraprofessional group co-leader.

UNIT I. IT'S A TIME FOR EXPLORATION

The challenge during this first phase of group meetings will be to generate interest, to facilitate a sense of involvement and to lay the groundwork for the establishment of trust between group members which will aid in discussion later on. Although the members will obviously share the experience of having infants, the nature of their preparation for motherhood and their reactions to its responsibilities will vary greatly. For some, the enthusiasm generated by pregnancy and the anticipation of parenthood will have dissipated as they have come to settle into routine care. For others, the motivation for learning will have been heightened. Some will welcome the opportunity to talk about infant related issues and will actively seek support or advice. Others will feel self sufficient and question the need to work at something which they have been brought up to believe comes so naturally.

The message to be conveyed during these first meeings is that the group will be a place for the members to learn about themselves as women and as mothers through each other. The hope is that they will gain confidence in themselves as parents as they become aware, through sharing, of the many alternatives available to them in that role. Go with the group members and don't worry too much about getting sidetracked; they will lead you to their interests, and interest makes for learning. This is a time for exploring.

UNIT I: CLASS I: A TIME TO FOCUS: A TIME TO SHARE*

The following exercises will help group members focus on their own needs and goals in the group. It will also help you to formulate your "plan of action" as you tune into their interests and learning styles. Both of these factors will affect their receptivity to your approach. Have paper and pencil on hand.

EXERCISE I:

1. Have participants write down why they are in the group.
2. Have participants write down what they like about their baby.
3. Have participants write down questions or problems they have concerning their baby.
4. Break into groups of 3-4 people and have them share their lists, discuss them, and expand their lists. More data should come out. Allow 12-15 minutes.
5. Have group come together and make a composite list of their statements.

You should at this point talk about materials that you would like to see covered during the course of the class so that participants will be aware of how you see the purpose of the meetings and how you plan for them to move. Ask them for feedback; do they have suggestions for additional subjects or any specific objections to your outline?

If the mothers' delivery records and their infants' birth records are available from the hospitals where they gave birth, they can be of valuable use in this meeting. The mothers should be interested in talking about their own deliveries, including the method, anaesthetics used and their feelings about the experience. They can be shown the records of their delivery which include

* Special thanks to Marian Lane for having helped develop the first part of this section.

length of labor, any complications with delivery, and the baby's Apgar score at birth. The Apgar score is a measure of an infant's level of functioning soon after birth. Doctors look to see if the baby needs help through five signs: heart rate, respiration, muscle tone, reflex response, and color. The infant is given a score one minute after birth in each of these areas. The individual scores can range from 0 to 2, and the toal score can range from 0 to 10. A total score of 10 means that the infant is functioning as well as he possibly can in each of the areas. Most infants (70 percent) have an Apgar score of 7 or better. A very low score means that the infant needs immediate attention in order to survive. Many babies who have low scores when they are born revive very quickly; the score is not a predictor of future health. The mothers should not be encouraged to compare their infants' Apgar scores.

Have the mothers talk about their own experiences of pregnancy and childbirth. This may lead into a discussion of the trauma that unplanned pregnancy created in some of their lives. They may wish to talk about how they "broke the news" to family and friends, particularly boyfriends.

Ask them to talk about whether pregnancy affected the way they felt or behaved. Did any of their parents or boyfriends pick up on a "vibration level" that they were pregnant before they even knew it themselves? For example, did any of their boyfriends develop "sympathetic" pregnancy symptoms (i.e., cravings for food or unusual fatigue) or did any of their mothers have dreams that they were pregnant?

UNIT I: CLASS 2

EXERCISE 1: A Cooperation Game, which you will have to construct, will be used for this meeting. Although it does not seem to have any immediate relationship to parenthood, its value for use at this point is that:

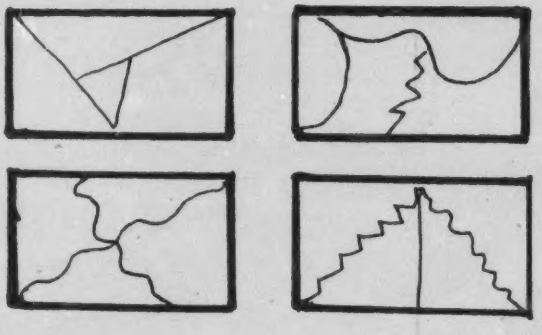
A. It will give the mothers the opportunity to get to know each other in a smaller group since they will be required to break down into groups of four.

B. It's a good exercise for breaking tension: inhibitions dissolve as group members become involved in problem solving.

C. Discussion of the process involved in group problem solving can lead naturally into a discussion of the change in focus or point of view which occurs when one becomes a parent.

In order to play the game the larger group will break down into groups of four. Each smaller group will have four small, equal sized puzzles, which you can construct quite easily in the following way:

Draw enough lines on a piece of heavy, corrugated cardboard to divide it into four small pieces. The shapes of the pieces will vary, and should be different for each little puzzle. Before you cut along the lines to separate the puzzle, draw a heavy border along the edges. That will be a clue to group members when they are trying to fit the pieces together as to which edges go on the outside.



The 16 pieces of the four puzzles should be scrambled together. Then each member of the small group should be instructed to take four pieces. Show the groups a puzzle that has been put together so that they will have a sense of the size and shape of the completed puzzle. Then tell them that the sixteen pieces that they have in

the small groups will fit together into four small puzzles. Each member now has four pieces, but they don't fit together. The object of the game is for each person to assemble a puzzle, but in order to do so, she has to exchange pieces with the other group members. She can only exchange pieces by first offering a piece of her puzzle to someone else and the whole process must be nonverbal. She might choose the person to swap with by noticing that the other person could use the piece or by noticing that the other person has a piece that she could use. The object will be to try to be the first small group to get all of the puzzles assembled.

Once each of the groups has completed all of the puzzles, ask each group to talk about how the group learned to work together to speed up the task. Then have the groups exchange pieces and do it again. Group members will probably discover that they work faster during the second exercise. Ask them why this is so and what was different the second time around. Individuals may have found that they were more helpful in the group and that the group as a whole was more successful once they stopped focusing on their own puzzle and started looking at the whole group of puzzles and how the pieces related. This discovery is a good lead into a discussion of the change in point of view required for parenting. The mother is no longer just taking care of herself but another human being who is totally dependent on her. Ask the mothers how they have felt about the change in focus from having their own needs come first to a focus on their infants' needs.

Ask them how they go about anticipating or trying to figure out what their infants need. If the mothers are all involved in the

same cooperative nursery, the experience of a shift in focus in the small groups can be related to the type of "group consciousness" that evolves when the nursery is running smoothly.

EXERCISE 2: A Unique Individual. Have paper and pencil on hand. Ask the mothers to draw a picture of their infants, highlighting the features which make him a distinct individual. If there is reluctance to do this for some of the parents, an alternative might be to draw something that expresses their feelings about their infant. Bring crayons for colors. Since many young people are interested in astrology and may be able to talk more freely about their infants in these terms, ask them to write down the infant's name and astrological sign. If they don't know the sign, someone else generally will.

When they have all finished, ask them to share how it felt to do the drawing. Was it hard to capture the baby in a drawing? Were they able to do it? Ask them to talk about their baby's name; how they chose it and what the name means to them. Ask them to talk about their baby's astrological sign and how it relates to his personality. Is it compatible with their own sign? Is it compatible with the father's?

UNIT I: CLASS 3: GROWING A GROUP*

When beginning with a new group of parents, it is important to remember that the feeling of membership in a group takes time to be formed. "Membership" implies not only knowing something about group members but also a willingness to share oneself. The time spent on these exercises will create a safe environment for sharing which will

* Special thanks to Marian Lane for writing most of this section

in the long run facilitate the process of learning and personal growth.

EXERCISE I:

1. Have participants write answers to the following questions:

   A. A place where you were happy for five days?
   B. A place where you go to be quiet?
   C. A place where you'd like to be right now?
   D. A time when you remember being really cared for?
   E. A time when you remember being rejected?
   F. A time when something happened that really changed you?
   G. Names of two people who make you feel good when you are with them?
   H. Names of any two people who have been teachers for you?
   I. Three things you like about yourself?

2. Break into pairs. Have each person spend 3-5 minutes sharing the answers to their questions or what came up for them during the exercise.

3. Allow time for group sharing.

EXERCISE 2:

1. Ask participants to look in their purses or among other things thay have brought along; papers, books, etc., for three symbols that represent:

   A. Something they left behind them when they became a parent.
   B. Something that represents who they are now.
   C. Something that represents their future or hopes for the future.

2. Have each participant share and tell about their symbols.

3. Break up into pairs and have them share, one at a time, what came up for them during the exercise (e.g., I couldn't find anything to represent my future, I found out I was like others, etc.) Give each person three minutes and tell them when to switch.

4. Allow time for group sharing at the end.

This exercise may lead into a discussion of:

...how parenthood has affected their social lives

...how parenthood has affected their relationships with their parents

...how parenthood has affected career or school plans

...how they've readjusted to these changes

UNIT I: CLASS 4: BECOMING A MOTHER...LOOKING AT EXPECTATIONS

Have the parents turn to this section in the curriculum and discuss their answers to the first two questions. Ask one of the mothers to read the materials aloud. When you come to the four questions about expectations, allow them five or ten minutes to write down their answers.

CURRICULUM: BECOMING A PARENT

What are your opinions about the following questions:

...Is a person born with a sense of how to be a good parent, or does she have to learn it?

...How have you come to know what you need to know to be a parent? Where have you come by it and from whom?

Human beings have a longer period of growing up than any other animal. It takes most human infants a year to a year and a half to learn how to walk, whereas most other animal infants can walk soon after they're born. It takes most humans at least 15 to 18 years to learn enough about taking care of themselves to separate from their parents, whereas it takes much less time for other animals. It takes humans such a long time to grow up because the things that we have to know to survive have to be learned and the things we need to know are changing all the time. That's not true for other animals: most of what they need to know to survive is

wired into their brains or instinctual.

An animal parent knows what it needs to do to be a parent because that also is wired in or instinctual. That, again, is not true for human beings. Although many of the feelings you may have for your infant come naturally, you are continually learning things about how to raise your child. Many of those things you learned from your own parents when you were a child and they were raising you. But many other things you are learning on your own or from friends, from books you read or from movies you see. It is only natural that you will handle parenting a little differently than your parents did because you are a different person and because the world today is a little bit different than it was when you were an infant and child.

A good way to explore your own motivation as a parent is to look at the expectations you have for your infant. Think about the following questions for a few moments and then write down some of your thoughts in the space under them.

A. How do you want your infant to think or feel about himself?

B. How do you want your infant to think or feel about school?

C. How do you want your infant to think or feel about you?

D. How do you want your infant to think or feel about his friends?*

Ask the mothers to talk about their answers to the last four questions. While they are doing that, make a list on the board of their major hopes and expectations. Typical examples of answers might be, "That he develop trust for me and for his friends", "That

* These questions were developed by Dr. Jerome Taylor, Project Right Start, University of Pittsburg, and are used with his permission.

she feel excited about life" and "That she be respectful and respected." Then ask the group to speculate about specific behaviors on the part of parents which might help create the qualities in children that they desire. For example, if the mother wants the child to trust himself and others, she will have to trust him by allowing him to do some things for himself. If she wants him to have self esteem, she will be careful not to compare him with others or ridicule him. It is important to keep on stressing that infants are learning more during this first year of life than they ever will again.

A main concern for many young parents is that their children be intelligent and do well in school. This concern can be related to the opportunities that the parents are currently providing for the child's growth and development. For example:

...Talk about what goes into creating a space that is "small (secure) enough yet big enough" for the infant. Is the house "infant proofed"? Are breakables taken off tables, pins picked upoff the floor, edible looking medicines locked up in a cabinet so that the mother can feel comfortable about letting her infant move around on the floor instead of keeping him in a playpen or walker.

...Ask the parents what toys or objects the infant has available to him at home. The kind of toys an infant has to play with will make a big difference in the way he develops Are they colorful, textured, do they make noise, do they move? Infants who are very small can have mobiles and and cradle gyms hung from their cribs. They can look at

the colors and eventually practice moving their hands to make the mobile move.

...Remind the parents that every contact they have with their infants, whether changing his diapers, feeding him or playing with him, is an opportunity for teaching him something. Use the following examples:

Language: When you imitate a baby's sound, you are helping him learn to talk. When you talk to him, even though it may not seem as if he understands, you are teaching him language.

Eye-Hand Coordination: When you give him opportunities to reach for something, you are teaching him coordination between his eyes and his hands.

Imitation: When you tap your hand on the table and encourage your infant to copy, you are helping him learn how to imitate other people. Much of what children learn as they grow up is through imitation.

Ira Gordon, Genevieve Painter, and Bonnie Prudden are some of the many people who have developed books of stimulation activities and physical exercises for infants of different ages. You might want to use these books as general references and show the mothers some of the specific exercises which they recommend. The titles are listed in the bibliography.

UNIT I: CLASS 5: HOW TO COMMUNICATE WITH THE PREVERBAL CHILD: LISTENING SKILL DEVELOPMENT*

The infant or young child without language has, in the same way as other human beings, needs to be met. He gets hungry, thirsty,

* Special thanks to Marian Lane for helping develop and write this section.

wet, frustrated, scared. He attempts to make people in his world, particularly his mother, understand his needs so that he can feel better. He does this by such behaviors as crying, whining, reaching, getting angry or refusing . It takes much time and experience with the infant for parents to learn his particular needs and to understand his signals. Early infancy may be a frustrating time for the new mother: she is learning a whole new system for communicating and understanding.

Negative reactions to the frustrations of this period may vary from desperately forcing something on a baby that he doesn't want, such as a bottle when he's not crying because he's hungry, to ignoring the child altogether. It's easy during this phase of parenthood to impute adult motives to an infant; to assume that he's just trying to irritate the parent or that he's being manipulative.

This section is designed to help the parents learn to develop listening skills. When the infant cries, or otherwise shows distress, there are two listening responses a parent can give to let the infant know he is being understood. One is a verbal listening response which involves telling the infant that his need is being heard. The other is a non-verbal listening response, an action such as giving the infant a bottle once it's determined that that's what he wants. These two responses tell the infant that his parent is trying to understand his need and may help reduce his frustration. When the infant's frustration is reduced, the relationship between parent and child is happier and closer.

Have the parents read the materials from the following sections aloud, then discuss any questions and do the body language exercise.

CURRICULUM: NON-VERBAL LISTENING

Non-verbal listening, or showing your infant that you know what he wants or feels by taking care of him, takes time to develop simply because it takes a lot of time of being together for you to learn his particular needs. For example, one baby needs more sleep than another or one baby is startled by noises and the other sleeps very soundly amidst noise. No one knows your infant as well as you do. When your baby was born and later cried during his first week at home, did you know immediately what he wanted? Or did you find yourself changing his diaper, rocking him, giving him more milk and so forth in an attempt to find a way to satisfy him so that the crying would stop? Until your infant begins to talk, meeting his needs can be a tiring trial and error process. It takes a lot of time to learn to understand an infant's particular wants and signals.

What signals does your baby have that tell you what he wants?

When is it hard for you to "listen" to your child and know what to do? (When he screams? When he clings? When you're tired?)

Your infant tells you what he wants by the way he uses his voice, such as when he cries and coos, and he also tells you by the way he uses his body; by the way he reaches with his hands, by the way he moves his eyes and mouth, by the way he feels in your arms. Adults speak with their bodies too: you can tell a lot about a person's state of mind by the way he carries his body, uses his eyes, mouth, etc. For example, a person who's mad might be frowning and have his arms wrapped around his waist while tapping his foot.

Pick a mood or emotion and think about how you'd show it without using words. Then try it out and see if other people in the group know what emotion you're expressing.

TALKING TO YOUR CHILD

Often adults think that because the very young child is not talking he also cannot understand words spoken to him. The truth is, an infant may not understand exact words, but he does get a message about how you are feeling, whether happy, mad or sad. He knows what it is he feels and what his parent feels.

EXERCISE I:

1. Ask the group members to think of something that makes them feel sad.

2. Then say to them, "Stop feeling sorry for yourself. Cheer up." Ask them how that response makes them feel. They may respond in different ways such as, "Makes me mad," or "I don't like you to talk to me that way." They will in various ways feel cut off from telling you more.

3. Ask them how they would feel about this kind of statement instead: "You look sad about about something." What is different about that response? Do they feel like telling you more? Do they feel understood?

4. Explain that their infants respond in the same way to the words spoken to them.

Have members return to the curriculum.

CURRICULUM

When you show an infant that you are listening to him by stating what he is feeling and what he wants ("You look sad about something . You must be upset because I don't have much time to spend with you today"), you are providing the infant with language. You are teaching him about language by attaching words to feelings, objects and thoughts. The young child understands much language long before he is able to speak.

Talking to your infant a lot with an understanding tone of voice helps him to develop in two ways. First, it helps him learn to speak faster. Second, when you "listen" to the child by telling him, for example, that he feels unhappy because he has to stay in the playpen, the infant feels closer to you because your words tell him he is understood.

...How much do you talk to your child?

...When you figure out your child's signal and what he wants, do you tell your child, in words, what you are understanding about him?

In review, there are two ways you can let your infant know you are listening to him. You can try to find out what he wants or needs and take care of him (nonverbal) or you can try to find out what he wants or needs and tell him that you understand (for example: "You are upset because you want to get up on the table and I don't want you to.")

Tell the parents that as a demonstration of these two kinds of listening you are going to have them role play infants. Tell them that the ones who play the toddlers will be told something specific that they will want or need and they will have to convey that to the mother, as an infant would, without using words. The ones who play the mothers will have to figure out what the infant wants and then let the infant know that she hears him either non-verbally (by doing something for him) or verbally (by telling him what he feels and why) or both.

Draw this diagram on the board to illustrate the model they should use when they respond to the infant verbally:

You are _____ because/about _____
(what infant feels) (what infant seems to want)

Fill in the empty spaces with examples like these:

You are unhappy about being wet.

You are upset because you want me to play with you.

The props that you will need are blocks, a picture book, a scribbled drawing and some food.

Ask one of the mothers to play the mother and have her leave the room for a moment so that the group can decide what it is that the one who plays the toddler is going to want or need. Then tell the one who's playing the toddler what the situation is, choosing from from the list below. Have that mother think about how an infant might show that particular need.

1. Infant hurt finger and wants mother to "fix it".
2. Infant is hungry and is trying to reach food on the table.
3. Infant is trying to stack blocks all by himself but they fall down and he cries as he tries to do it again.
4. Infant shows mother a picture of a dog in a book.
5. Toddler shows scribbled drawing to parent with a smile on his face.
6. Infant is tired. Can show this by being fussy, sucking thumb, crawling on parent's lap or clinging to parent and closing eyes.

Have the first mother come back into the room and try to figure out what it is the infant needs by looking at her movements and gestures and listening to her voice. See if she can respond with verbal listening, non-verbal listening or both.

Have members return to the curriculum.

CURRICULUM: GIVING ATTENTION THROUGH SPEECH

Try spending some time "entering your infant's world" this week by talking with him about what he's doing, feeling or perhaps thinking. For example, when going for a walk you could say things like, "You like to touch the fence", "You get excited when the fire engine goes by," "You like to touch the fuzzy caterpillar; it feels good and soft," etc. You can talk with him this way at anytime: while he's playing with toys or even when you are changing his diapers. The baby will enjoy this attention from you, be learning and will feel close to you.

UNIT I: CLASS 6: FILMING OF BABIES

If you have the materials available, you can make your own film to demonstrate principles and sequences of infant development and individual differences. No other film will elicit as much attention as one which features the mothers' own babies. For this reason both the making of a film and its showing should be used as teaching devices if at all possible.

If the mothers are all enrolled in the same daycare program, the filming will be easy. Each baby can be filmed while engaging in behaviors which are most characteristic of him. For example, an active baby could be filmed trying to pull himself up, crawl, or explore, depending on age. A quieter baby could be filmed handling objects or playing with a cradle gym. The mother could be filmed playing with her infant or she could direct the filming. The person handling the camera, the group leader or another staff member, ideally would know enough about infant development to be able to point out how the infants are developing skills and

learning about the environment through their preferred activities.

If the mothers are not involved in the same program, this can be used as a time for them to meet each others' infants. A social gathering could be arranged (perhaps fathers invited) which would last several hours. During that period of time, each mother would have an opportunity to direct the filming of her infant or to be filmed while playing with him. Pull toys, cradle gyms, balls, and manipulative toys with which to engage the infants should be on the scene. In fact, you could ask the mothers to bring their infants' favorite toys and talk about the specific skills their infants are exercising when they use each one of them.

Although the mothers may be primarily interested in filming the obvious landmarks such as sitting, crawling and so forth, this is a good opportunity to demonstrate more subtle developmental accomplishments such as object permanency, which can be demonstrated by showing how an infant reacts when an object is dropped or hidden; imitation; or fine motor skills.

After the filming, either the group leader or another staff member should edit and splice the film in order to present an interesting, meaningfully related sequence. For example, infants of different ages could be contrasted and compared as well as normal infants of the same ages who have different patterns of development.

If movie equipment is too expensive or unavailable, try using snapshots or slides to illustrate the essential points.

UNIT II: NUTRITION *

The purpose of this unit is to help the mothers develop a "Nutrition Consciousness", or an awareness of the need to carefully choose foods for their infants and themselves on the basis of nutritional value. The first section will focus on the mothers' own eating habits and experiences. The second section will address itself to the importance of feeding as a social experience during infancy and to the role a parent plays in helping an infant develop healthy food preferences and establish healthy eating patterns. You should allow as many classes as you need for this unit.

* Special thanks to Trudy Latzko, R.N. for having written a good deal of this unit.

UNIT II: CLASS I: YOUR BODY BECOMES WHAT YOU FEED IT

The materials you will need for this class are two booklets by Michael Jacobson called Nutrition Scoreboard and Scorecard for Better Eating. The former will be for your own reference. It includes a comprenensive discussion of nutrition and an explanation of a method for evaluating the nutritional values of various foods. It is through this method that you will be asking the mothers to evaluate the nutritional values of the foods they have eaten in one day. The latter is a student manual, and you should obtain enough copies of it so that each mother can have one of her own. Both booklets are available from the Center for Science in the Public Interest, 1779 Church St. N.W., Washington, D.C. 20036.

This meeting can be turned into an opportunity for "testing out" different foods. You might want to bring in snack foods which have high nutritional value (yogurt, triscuits, fruit, tuna, cheese, etc.) or ask the mothers to prepare or bring in some of their own favorite foods. You can also bring in cans or boxes of different foods and read the ingredient labels out loud, paying careful attention to the type of ingredients, their nutritional values, and additives used.

Have the parents read the curriculum materials, discuss their own food preferences, and make a list of the foods they've eaten today.

CURRICULUM: YOUR BODY BECOMES WHAT YOU FEED IT

The food that you eat has a lot to with how healthy you feel. Poor nutrition, or bad eating habits, can lead to a lack of energy, make your skin and hair unattractive, can lower your resistance to disease and can, of course, make you fat. Good nutrition can lead to an attractive appearance and can give you the energy you need to

feel good even on the longest and hardest of days.

Make a list of the foods that you like and don't like:

Like	Don't Like

Talk about what it is that you like or don't like about these foods. Chances are that you learned to like or dislike them at an early age, because that's when a lot of preferences for foods are learned.

In the United States not many people grow and prepare their own food from raw ingredients anymore. Most food production has been taken over by large companies who do most of the preparing before the food even gets into the market. That's one reason why many Americans don't pay a lot of attention to what they put into their bodies. An example of this is that it's hard sometimes to even remember what you've eaten in a single day. Try it for yourself: make a list of what you've eaten today.

Breakfast	Snack	Lunch	Snack	Dinner

It is especially important to remember that what you are putting into your body now will affect not only the way you feel tomorrow but the way you feel 10 or 20 years from now. That's true for food intake as well as for drug intake. How do you feel about using the following drugs: alcohol, tobacco, marijuana,

LSD, mescaline, downers, speed, heroin? What have you heard about how these drugs affect your body?

Once the mothers have finished, give them each a copy of Scoreboard for Better Eating. Skim through the book, reading aloud sections that you think are particularly important or the ones in which there is special interest shown. You might want to spend the rest of this session and some of the next with this book.

Once you've covered the material, have the mothers use the scoring system which is described in the book to rate the nutritional value of the foods they've listed in their own manuals. Have them write down beside each item the numerical value given the food in the Nutrition Scoreboard. You can either make a chart of scores for common foods and put it on the wall, or you can have them find the food values by looking them up in the manual. Then have the mothers add up their scores to come up with a total score for the whole day. Ask them to talk about their scores.

...If they were low, what foods dragged the scores down?

...If they were high, what foods pulled the scores up?

...Are there some people who have eaten a lot of food and still have low scores? That means that they are not really "feeding" their bodies because the food they've eaten has nothing in it, aside from calories, that the body can use.

Have the mothers talk about any weight loss diets they've been on, have they worked: From what they've learned about nutrition, do the diets seem healthy?

UNIT II: CLASS 2: FEEDING DURING INFANCY

Food and the whole experience of eating is an important part of our lives from the time we are born. Hunger is an innate drive which triggers off one of the first social interactions a baby has with his mother: that of being fed. This social interaction and the pleasure that a child derives from the food experience contribute to his healthy and happy growth.

In this meeting you'll be asking the mothers to talk about their own experiences of the social-interactive aspect of feeding their infants.

...Ask them whether they breast or bottle feed their infants. How do they experience the feeding time? Do they find that they feel closer to the infant at those times? Do they notice that their infant makes a lot of eye contact with them during feeding?

It's important to stress that how an infant is fed is as important as what he's fed. There are many opportunities for positive interaction during feeding such as eye contact, talking and cuddling.

...Ask the mothers how they interact with their infants during feeding. Do they do different things with their own infants than they do with other infants?

During the first 18 months of life a baby is acquiring a basic sense of trust in the environment and in the adults who care for him. In this connection, discuss the value of feeding a baby when he is hungry, rather than on a schedule imposed by an adult.

...Ask the mothers whether they feed their infants when they're hungry or feed them according to the same schedule every day.

In a sense, a mother teaches an infant to trust the rhythm and regularity of his own body when she feeds him on demand. Researchers have found that infants who are allowed to choose their own foods at their own rates eventually establish well balanced, healthy eating patterns.

During the latter part of a baby's first year, he is beginning to learn that he can make things happen in his environment. By introducing finger foods and allowing him to experiment with a spoon, you are encouraging a baby to be an active participant in his own feeding. This contributes to his feelings of competence. But sometimes allowing an infant to feed himself is a frustrating time for the parent because the infant takes longer and is sloppy. The tendency is to want to continue feeding the child even though he can learn a good deal by feeding himself.

...Ask the mothers to separate into pairs. Have one person act as the mother and the other take the baby's part, as he sits in a feeding table. Use actual food and ask the mothers who are playing the babies' parts to do the things a 9 to 15 month old baby would do, such as reach for the spoon, mash the food up with his fingers, become cranky, stand up in the feeding chair and spit food out or refuse it altogether. How do the mothers handle these behaviors? Do they feel annoyance or anger toward the baby? How do the babies feel? After a brief discussion, have the mothers reverse roles.

Eating habits and patterns are generally established at a very young age. Infants develop preferences on the basis of what the

parent feeds to them and how it is fed to them.

1. What the parent feeds them: Emphasize that one of the important factors in providing primarily highly nutritious foods for very young children is the likelihood of their developing preferences for these foods and retaining these tastes when they are adults. A negative example of this is that many infants become "addicted" to, or develop a strong taste for sugar at a very early age because refined sugar is included in many foods, including commercial baby foods. Food manufacturers, doctors and parents often think that food will be more appealing to a baby if it has sugar in it, but in reality they are teaching the infant to develop a taste for sugar. This may have undesireable consequences in the long run.

2. How it is fed to them: Infants sometime develop a taste for a new and strange food only slowly. A parent who is reluctant to feed a baby food which she thinks tastes bad is depriving the child of the opportunity to develop a broad range of tastes in food. From another point of view, when a parent forces a child to eat a food that he hasn't developed a taste for yet, she is creating a negative experience and increasing the likelihood that the baby will have an aversion to that particular food. New foods should be introduced only gradually.

...Ask the mothers if any of their food dislikes stem from being forced to eat those foods when they were little.

...Ask them how they deal with it when their infants refuse part of a meal.

There is a growing conviction among nutritionists and other

health professionals that there are important disadvantages to the premature feeding of solid foods to infants. In fact, many pediatricians advise that milk supplies a baby's full nutritional needs for the first four to six months. Issues such as over-feeding, which may be a contributing factor to later obesity, and the unnecessary dependence of most parents on commercial babyfoods should be discussed.

...Have a variety of baby foods available for examination. What are the main ingredients of a jar of strained baby food? Is there any way of telling how much of each ingredient is contained in the product? Have a food blender handy along with fresh apples and bananas. Ask the mothers to time how long it takes them to make strained baby food from the fresh fruit. Have figures available to demonstrate the difference in cost between the commercial and fresh made fruit. Besides cost, what other differences are there? Vegetables such as canned yams or beets, fresh cooked carrots or frozen cooked squash and meats such as cooked chicken, pork or beef could be made into baby foods and the costs compared to the commercial products. For more information about the disadvantages of using commercial baby foods, see the White Papers on Infant Feeding Practice by the Center for Science in the Public Interest, pp. 10-16 and the Natural Baby Food Cookbook by Margaret E. Kenda and Phillis S. Williams.

UNIT III: INFANT DEVELOPMENT

A young mother's interest in talking about infant development as an abstract issue is probably at its height when she's pregnant and can only dream about the infant inside, and about what it's going to be like to be a mother. Once she has given birth, the immediate reality of dealing with the infant in the concrete here and now will become far more important than learning general principles. Receptivity to new learning in the area of infant development as it relates to infant care may be low, particularly for those mothers who still live at home and depend on their parents or mothers for support and aid when crises arise. The challenge in this section will be to keep interest alive by using the mothers' own experiences as examples of more general principles.

UNIT III: CLASS I: EXPECTATIONS ABOUT RATE OF DEVELOPMENT

It has been pointed out that young parents often tend to have unrealistic expectations about the rate of their infants' development. During this meeting, the mothers will be asked to fill out the infant "landmark expectation form". The form is divided into two sections, the first covering traditional landmarks that most parents look for and the second covering more obscure landmarks that sometimes go unnoticed. You should explain to the parents that they are not being tested but that this is an opportunity to become aware of their own thinking about development.

CURRICULUM: LANDMARK EXPECTATION FORM

At what age does the "average" baby usually:

1. Smile when you smile at him?
2. Crawl (at least 9-10 inches)?
3. Walk alone?
4. Start taking sips from a cup with your help?
5. Have control of his muscles so that potty training can begin?
6. Play pat-a-cake when you demonstrate?
7. Say at least four different sounds?
8. Put one block on top of another?
9. Pick up a tiny object using all his fingers and palm?
10. Show a lot of fear of strangers?

At what age does an "average baby" usually:

1. Say double syllables such as "da-da" (without knowing what they mean)?
2. Pick up a small toy by himself?
3. Pull himself up to a standing position?
4. Imitate one of your actions, such as banging on a drum?
5. Name something that you show him?

6. Pick up a raisin with just his thumb or forefinger?

7. Jump off a step with both feet in the air at once?

8. Look for a toy that is hidden under a cloth while he watches?

9. Hold one toy in each hand at the same time?

ANSWERS TO THE LANDMARK EXPECTATION QUESTIONS *

1. Babies usually start smiling back at you when you smile at them when they are around two months old. They are more likely to smile if you look directly into their eyes from a distance of no more than about a foot away and talk to them in a high pitched voice at the same time.

2. Many babies crawl at least a little by the time that they are seven to eight months old; other normal babies are as old as eleven months before they crawl and a very few babies just start walking without having ever crawled.

3. The most common age for beginning to walk alone is at around twelve months; it is not unusual, however, for babies to walk as young as nine months or as late as seventeen months.

4. Most parents that we know start offering their babies sips from a cup at around five or six months of age in addition to their usual bottles.

5. Most babies have usually developed enough control over the muscles that control urine flow and bowel movements for you to begin potty training by the time they are between 18 months and two years old.

6. If they have seen you demonstrate and are motivated to do so, most babies are able to pat their hands together by nine or ten months of age. They will imitate your gestures at first and then later they learn to pat-a-cake when they just hear you say the verse.

7. By around seven or eight months, babies will usually be making a variety of sounds even though they aren't saying real words. Sometimes they will make more sounds when you talk to them and when you repeat the sounds that they are making, like "da," "bu," "ga," and "de."

8. When they are around a year old, babies usually show an interest in stacking blocks, especially when they see you do it too. Depending upon the size of the blocks, they usually have some success in stacking at least two blocks when they are around

* Special thanks to Judith Lewis for writing this section

14 to 18 months old.

9. At around seven to nine months, most babies are able to scoop something tiny like a raisin or a piece of cereal into their palm by using most of their fingers. It is important to give a baby plenty of safe opportunities to practice coordination in using his fingers by giving him safe finger foods. Of course, everything you give him should be safe because sooner or later it's going to wind up in his mouth!

10. Many babies reach an all time high fear of strangers at around eight months. You will sometimes see a baby look at a stranger and burst into tears. Some babies go through this stage as early as four months or so and for some it's later. The baby has learned who is familiar and who is not.

1. Many babies start saying "da-da" and other sounds such as "ga-ga" or "ma-ma" at around eight months to a year of age. They are generally beginning to enjoy the experience of making sounds.

2. By the time that a baby is five or six months old, he will usually want to be out of his crib for long portions of the day. When he is in your lap give him an opportunity to reach for a small toy from a table surface. Most babies will be able to pick a toy up from a table surface by the time that they are six or seven months old.

3. Most babies learn to pull themselves up to a standing position when they are around eight to twelve months old. Some babies learn earlier.

4. Most babies really begin to enjoy doing the things that they see you do when they are around nine to twelve months old; be aware that babies learn by imitation.

5. Most babies are able to start naming familiar objects at around 18 months of age. What they are able to name will depend upon what they are taught.

6. By nine to twelve months of age, a baby learns to coordinate his thumb and forefinger to pick up tiny things precisely. Sometimes he may use his other fingers also, but he should be using just his thumb and forefinger at least part of the time. It is important for a baby to get practice with tiny things that are safe such as finger foods.

7. At around two to two and a half years of age a baby can usually jump safely off of a low step with both feet in the air at once, rather than just stepping down with one foot.

8. When a baby is very young he thinks that an object doesn't exist any more when it is hidden. Between eight and twelve months, though, he begins to develop a memory. When that happens, he learns to look for a toy when he sees you hide it.

9. At around five to seven months a baby learns to hold a toy in each hand at the same time without letting one drop.

Once the parents have filled out the forms, have them turn to the answer section and read the answers aloud. The mothers should be encouraged to talk about their own experiences with their infants and to talk about whether they are in agreement or disagreement with the age ranges given. Many young mothers, for example, insist that they will have their child toilet trained by the age of 12 months. In cases like this, they should be asked to expand upon their beliefs, to talk about their own experiences or about things their mothers have told them about their own training. In no case should anyone be "put down" for her beliefs.

At some point the repercussions of having unrealistic expectations should be discussed. Expectations which are too high, for example, can lead to frustration or anger which is directed at the child when he doesn't perform as the parent thinks he should. Examples are a mother who gets upset with her three month old child because she thinks he should be able to understand directions, or a father who thinks that a 7 month old infant who pulls the nipple off of his bottle and makes a mess has done it just to irritate him. Expectations which are too low can lead to the parent depriving the child of opportunities for exercising skills which she believes he is incapable of. An example is a mother who doesn't read to her infant or show him pictures in a book because she thinks he won't get anything out of it.

The film Learning to Learn in Infancy can be shown in conjunction with this section. It highlights the fact that you can help an infant develop his natural interest in learning by providing an

environment for him that facilitates exploration and in which he has opportunities for discovery. The film is distributed by Modern Talking Picture Service, 2323 New Hyde Park Road, New Hyde Park, N.Y., 11040.

UNIT III: CLASS 2: EMOTIONAL DEVELOPMENT: INFANT EGOCENTRISM

Emotional development proceeds, in part, as a child gradually learns to take the point of view of another into consideration before making decisions or taking action. The expectations parents have about an infant's or young child's ability to understand another's point of view, particularly that of the parent, are often unrealistically high. The objective in this section will be to explore the mothers' expectations about their infants' abilities to understand what other people want, need or expect and to help them understand the child's point of view through role playing and discussion.

A. Open these questions up for discussion in the group:

1. "What is development?"*
2. "How does it change a person?"*
3. What are some differences and similarities between children and adults? Answers to this question will probably vary from concrete ones, like size, to more abstract ones, like autonomy. It might be helpful to make a list of the differences and similarities suggested on a chalkboard and then have the mothers talk about the ones that they think are most important in terms of the way they effect the way children and adults view the world differently.
4. Can your infant consider your point of view?
5. How old do you think a child must be before he starts considering another's point of view?

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* These questions from Looking at Development, part of the Exploring Childhood program developed by the Social Studies Program of Education Development Center, Cambridge, Massachusetts, are used by permission of the developer. Copyright © 1973, 1975 Education Development Center, Inc.

6. What is egocentrism?

B. Have one of the mothers read the curriculum section on infant egocentrism aloud and open the questions up for discussion.

CURRICULUM: INFANT EGOCENTRISM

Until a child is about seven years old, he doesn't really know that other people think and feel differently than he does. He assumes that if he feels sad, others feel sad, that if he thinks spinach tastes awful, others think it's awful too. An infant isn't born knowing that he's different in many ways from other people, but only learns it over a period of time as he develops. EGOCENTRISM is the belief that the world changes or should change as you change. If you are EGOCENTRIC you are unable to understand things except in terms of what you need and how you feel. You are unable to consider another's point of view. All infants are this way, because they haven't yet learned that other people have their own individual needs. For this reason, a child or infant makes a lot of assumptions about things that adults find hard to understand.

Typical Examples of Children's Behavior

In each of the following examples, what seems to be each child's assumption---that is, what does the child not seem to realize?

. . .

A student told about children of two and three at the child-care center who want to show her something in a book. They always hold the book so that the page still faces the child, making it very difficult for the student to see inside.

A little girl who wanted to be old enough to visit her new friend by herself was taken over to the new neighbor's house by her father. As they were standing on the porch, ringing

the doorbell, the four year old said, "Get behind me, Daddy, so they can't see you."

When Marjorie was little she always wanted to "talk" to Grandpa on the telephone. These conversations were very one-sided. Grandpa would ask her something and Marjorie would just nod!

Questions for Discussion

What is the child's eye view in each example?

What examples have you found...of similar "childrens' eye views" of what others can see?

Can you remember yourself doing things like this?

The young children in these incidents seem to think that if they can see something, others can see it too, or that if they can't see something, others can't see it either. At this stage children see everything from one point of view only and don't realize that things may look different to others. Compare this with children's earliest ideas about fairness, which are also based only on their own point of view.

C. Birthday Present Game. This will be an opportunity for the mothers to apply what they've learned through discussion in a roleplaying situation. It's just for fun, though and not a test. Make that clear. The more they can loosen up and really get themselves feeling like children, the better.

Materials needed include a doll, a toy truck, a necktie, a piece of jewelry, a piece of bubble gum and an adult book. Tell the mothers that you are going to ask a few of them to think and behave as a three and a seven year old would when choosing birthday gifts for different people, and that in preparation they should all try to imagine how they might think or behave if they were these ages. Ask them to think about how a child might respond differently at three than at seven. After a few minutes of thought, ask one of

them to be the three year old. Ask her to come to the table where you have put the materials and to choose a birthday present for her mother as though she were three years old. After she chooses, ask her how she, as a three year old, thinks her mother will feel about getting the present and why she chose that particular gift. Then ask her to choose for her father, for a friend, a teacher, for herself and for you and follow each choice with the same questions. When she's finished, ask the group to respond to what has just happened. If any of the mothers think they would have made different choices as three year olds, have them give their reasons. Then repeat the same procedure with someone playing a seven year old. When all is finished, read aloud the curriculum section on A Child's Eye View of What Others Want.

CURRICULUM: A CHILD'S EYE VIEW OF WHAT OTHERS WANT

How much does a child understand about what another person might want or like?

The young child...makes a gift to his mother which probably isn't really appropriate; the child doesn't put himself in his mother's place and try to think of what she might like. Instead he chooses a gift that he likes---bubble gum. This is another example of egocentrism.

Of course, adults sometimes do give each other gifts based on their own wishes. But when older people do not take another's point of view into consideration, it is normally because they have forgotten to do so, or have chosen not to, but it is not because they cannot.

A child's egocentrism is not selfishness. Gift-giving is a good example of this difference. The child giving the gum is being generous, unselfish, BUT egocentric at the same time. He assumes that what would bring him great pleasure as a gift will do the same for his mother. If, however, he were older and chose the gift thinking, "My mother won't like it and so will give it to me to chew," then he would be acting selfishly

and would **NOT** be egocentric because he would be aware of his mother's point of view.

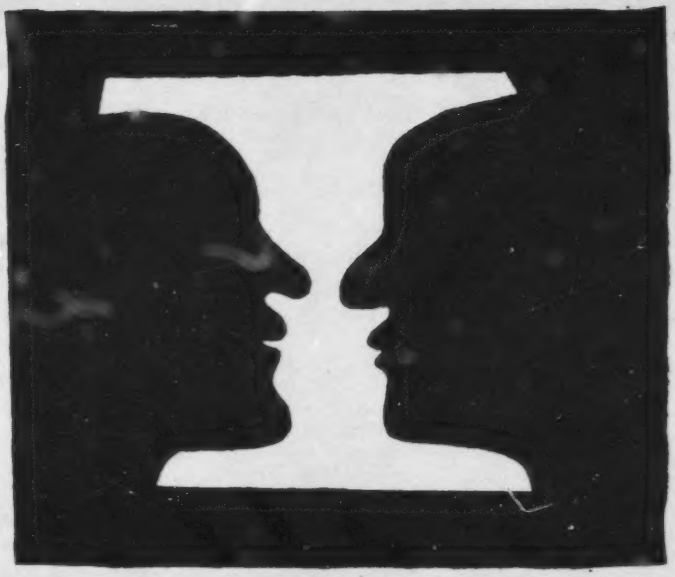
UNIT III: CLASS 3: ADULT EGOCENTRISM

Refer to curriculum on Adult Egocentrism. Have a group member read it aloud.

CURRICULUM: ADULT EGOCENTRISM

Egocentrism, or the inability to take another person's point of view, doesn't end in childhood. No two people feel the same way about or even see the same situation in the same way. We're always making assumptions about what another person thinks or feels, and sometimes it gets us into trouble. This happens, for example, when a person assumes that because a friend doesn't speak when he sees her on the street, he's a snob or doesn't like her any more, instead of thinking that he might be preoccupied or in a hurry. This kind of misunderstanding between adults leads to grudges, especially when the two people are afraid to ask each other what was really going on. Part of the process of development, even for adults, is learning more and more to take the other person's point of view into consideration when interpreting behavior and making decisions. Sometimes this kind of growth takes place very slowly and you don't even notice that it is going on until you think back a few years and remember how much different you were then.

Look at the drawing below and tell the group what you see.



The drawing is designed so that as your focus changes, the meaning of the picture changes. When you focus on the white portion it looks like a vase, and when you focus on the black portion it looks like two faces. This exercise in "changing focus" demonstrates that the same thing can be viewed by different people in different ways, or even by the same person in different ways at different times.

Unlike infants and small children, adults can express their points of view quite well with words. Since no two adults see the world in the same way, the purpose of most arguments and discussion is to clarify what the differences in point of view are and hopefully reach some agreement. We can do that here by looking at our

own points of view on fairness.

HOW YOU THINK ABOUT FAIRNESS

What kind of thinking do you use when confronted with a dilemma in which you must decide what is the fair thing to do? Consider the following case:

Sally was babysitting for four year old Scott. While she was getting his lunch ready, he fell off the front porch and started screaming, then turned strangely pale and kept crying. Sally was scared. She ran out to the street looking for someone to take her and Scott to the hospital. But there were no cars on the street. Suddenly, she noticed an old man parking his car. She ran up and asked the man to take them to the hospital. The man replied, "Look, I have an appointment with someone about an important job. I must be on time. I'd like to help you but I can't." So Sally said, "Just let me use the car." The man said, "Look, I don't know you; I can't do that," and he rushed off to keep his appointment. Sally noticed that he'd left his keys in the ignition.

Questions for discussion

What should Sally do? Why?

What would you do? Why do you think that is the fair thing to do?

How would you decide what would be fair?

Suppose Sally stole the car:

How would the man feel when he got back and found it gone?

What would you do if you were the man then? Why?

Suppose he called the police and Sally was arrested for theft:

What would the judge's view of Sally be? Of the man?

If you were the judge, what would you do and why?

ISSUES IN JUDGING FAIRNESS

As you can see, deciding what is fair involves many issues when everyone's point of view is taken into consideration. Some of the issues you may have discussed in this dilemma involve:

-rewards and punishment: for example, whether Sally should be punished or rewarded (if she took the car), and whether man (sic) deserved to have his car stolen

-weighing values: balancing the importance of a job, property and an injury

-motives: what each person's reasons were (their reasons behind their actions) and the extent to which each considered the other's point of view

-approval: what Sally thought others would expect of her; what the man thought others would expect of him

-authority: whether it is all right to defy the law

-universal principles: how the golden rule, "Do unto others as you would have them do unto you," might apply to this case.

UNIT III: CLASS 4: AN OLD DEBATE

Refer to curriculum on An Old Debate and have someone read the materials aloud.

CURRICULUM: AN OLD DEBATE

Over the ages, some people have held that a child is naturally fair, born with a knowledge of right and wrong that is only corrupted as the child grows.

Another view has been that children are born interested only in their own needs and wishes and that they must be taught (or forced) to care for the rights of others, to do what is right and fair.

What do you think? Give examples to support your view.

Recently, scholars have taken a new approach to this debate by studying how children's understanding of fairness changes as they grow up. They have found that children's judgement about what is fair or unfair depends upon the child's ability to understand the needs and claims of other people--other peoples' point of view.

Their investigations[1] suggest that there is a natural "path" through which all children's reasoning about fairness passes-from awareness of personal desires only, to concern about the welfare of others and for "putting yourself in the other guy's shoes."

1-Lawrence Kholberg, "The Child as Moral Philosopher," Psychology Today. Sept., 1968, cited in "An Old Debate" from A Child's Eye View. See Acknowledgements.

ISSUES IN JUDGING FAIRNESS

The number of issues you considered in the Sally situation, and your ways of thinking about them were probably more complex than a child's could have been. Consider this example:

What happens if you ask a child, "What is fair to do if another child comes up and hits you?" The three year old might say, "Hit back," and give as the reason, "Because I wanted to," or "I don't know." A pre-schooler might say, "Don't fight, you'll get hurt or the teacher will punish you." An older pre-schooler might say, "Hit him back," or "He deserves to get punished." But the child who is old enough to consider another persons' intentions might say, "Think how he feels, why he might be doing it. Maybe he doesn't mean to." By this stage, fairness has come to mean putting yourself in the other person's shoes. This means considering the feelings and motives of others, not just their outward behavior.

Think for a moment in terms of your own infants and how they behave. Does your infant or child really know what you want? When he does something you don't like, does he know he did something "wrong", or does he just know that you don't like it? For example, when he climbs on the coffee table after you've told him many times not to and you see that he's looking around to see if you're looking, what does that mean?

It isn't until around seven years of age that a child has any sense inside of himself about why something is right or wrong, good or bad. He knows what feels good and what feels bad, what he likes and doesn't like, and gradually he comes to learn what you like and what you don't like, but it takes time. Although it sometimes seems that an infant or child gets into mischief "just to make me mad because he knows he shouldn't do it", a young child will seldomly do something just for the sake of making the parent mad unless that's the only way he can get the parent's attention.

SPOILING

Many parents worry about spoiling an infant by giving in to his or her egocentric demands. What do you think? Can you spoil an infant by giving him too much attention? Does it ever feel like your infant is trying to manipulate you by crying or fussing? What do you do? Talk about this from your own experience.

Most people who study infants these days feel that if you give a baby enough attention when he's very young to make him feel secure, he'll be less likely to be overly demanding as he gets older. That doesn't mean you always have to drop what you're doing when a baby cries in order to make him secure, but it does mean that you should not worry about spoiling an infant during the first year of life.

If a child does become demanding later on, there are at least two ways that you could try to deal with it. First, if you normally react to his demands in the same way, for example, by putting him to bed because you think he's tired or by giving him a bottle because you think he's hungry, try to find other ways for dealing with him and see if that makes a difference. Sometimes you can create a demand by responding to demands in the same way all the time. Second, try giving your infant extra attention, such as playing with him or holding him, at times when he is not making demands on you. An infant can seem demanding if he's always in the position of having to ask you for something first. If you can plan to give your attention to him before he asks, you might feel less smothered and more in control of the situation.

ISSUES IN JUDGING FAIRNESS

Looking for clues as to where a child is on the "path" of

developing a sense of fairness can help you help children in their relations with others.

This path can be summarized as follows:

Children's earliest ideas about fairness are based completely on what they want. Around the age of three to five a child's view of fairness is, "Whatever I want is fair." Children next think of fairness in terms of equal exchange of punishment or reward, still thinking only in terms of themselves-"If I do something bad, something bad will (and should) happen to me. If I do something good, something good will (and should) happen to me."

As they get older, they begin to consider "you" as well as "me," but the focus is still on "me." They feel that everyone should be treated exactly alike. Reward (or punishment) has to be equal for everyone-"If you hurt me, I can hurt you back. If you drink soda, I should be able to drink soda."

A big breakthrough in children's thinking comes when they begin to consider the other person's intentions, needs, and feelings. A child no longer thinks only of personal wishes or strictly in terms of an eye for an eye, a treat for a treat.

UNIT III: CLASS 5: INDIVIDUAL DIFFERENCES

In this meeting, you will ask the mothers to think about their own childhoods. In order to help them focus and get in the right mood, you can do a guided fantasy with them. You'll want to talk slowly enough to help them relax and give them enough time to retrieve memories.

"Close your eyes and imagine yourself now taking a trip back to the house where you grew up...whether you'd have to get there by plane, car or on foot. If you grew up in more than one house, choose the one that has the strongest memories for you. (pause) You're in that house and you're your age now. (pause) Now go back in time. You're 12 years old.

Remember your birthday that year...or remember something important that happened...whether happy or sad. Remember how it felt. (pause) Now you're going back in time again and you're 10. Remember what it felt like to be 10. Remember getting up for school, or pretending you were sick if you didn't want to get up for school. Remember something important that happened that year...whether it was happy or sad. Remember how it felt. (pause) Now you're going back further. You're 9, (pause) 8, (pause) 7, (pause) 6, (pause) now you're 5 years old. Maybe it's the first time you were going to school...maybe you're helping your mother with something in the house, maybe you're fighting with your sister. Remember something important that happened that year...whether something happy or sad. Remember how it felt. (pause) Now you're getting younger...and you don't remember words so much anymore. But you remember people, faces, you remember feelings, you remember smells, you remember noises. You remember being picked up, being fed, being loved, being hated, being helped, being hurt. Remember your room where you slept. Remember your mother, your father and sisters or brothers. Remember your house. Remember how it felt.

When you're finished, ask the mothers to share their experiences; whether the content of the memories or the feelings. You might ask the following questions:

1. Who were you most attached to in your family?
2. What were you like as an infant? Is their any one trait that you had as an infant that stands out in your mind? Were you stubborn, cheerful, naughty, fearful, etc.

3. Is it a trait that you still have? Has it stayed with you over time?

Now ask them to think about their own infants...ask the following questions:

1. Were things different for you as an infant or child than they are for your infant? Be specific.

2. How do you feel about the differences? Are they for the better or the worse? This question may elicit comments like "I'm not as strict with my child as my mother was with me." or "There are more people in my family now and I'm afraid that my baby isn't getting enough attention."

3. Think about one outstanding trait in your infant. For example, is he active and cheerful or does he cry a lot and demand a lot of attention? Does he like to play by himself or does he seek out people?

4. How are you like or unlike your own infant? How does this affect the way you get along? Is your infant hard or easy to relate to?

5. Who does your infant take after most in the family? (Mother, father, grandfather, sister, etc.)

Read curriculum on Infant Personality aloud and discuss questions.

CURRICULUM: INFANT PERSONALITY

From sharing your own experiences in childhood and your observations of your infants, you can see that there are many different things which affect the way an infant is and how he develops. Researchers have only begun to study all the different things that influence the direction of a baby's growth and the kind of personality he will grow to have. One of the few things they agree on is that the early years are very important ones. Your baby's memories from these years will underlie everything he learns later on.

To a certain extent, a baby has a personality when he is born.

Babies are born with different temperaments and dispositions. This is partly determined by your baby's genetic inheritance of certain characteristics from you and his father.

Part of your baby's temperament will be affected by the kind of experiences he had in your womb. The same chemicals that were produced in you when you felt happy, sad, anxious or afraid were transmitted to your baby through the placenta and umbilical cord so that he felt that way too. Both a baby's physical makeup and experience in the womb will affect his behavior in several ways from the moment of birth. They will affect how sensitive he is to the environment, and this will affect the way he responds to your touch, to your handling. For example, a baby who likes a lot of private space may become fretful or uncooperative if he is handled too much or given too much attention. A baby's physical makeup and experience in the womb will affect what kind of activity he will prefer; how active or quiet he is. This in turn may affect the baby's rate of development in different areas. For example, if your infant is by disposition active and prefers a lot of total body movement, he may learn to walk sooner and develop coordination of his arms and legs faster than a baby who is satisfied to sit and play. Another infant may develop coordination of his fingers very quickly and learn to manipulate small objects faster. After birth, of course, personality and emotional development proceeds according to the kinds of experiences the infant has with you and other significant people in his life. A lot of your infant's developing sense of well being and self worth will depend on how

you respond to his or her particular temperament. Sometimes the temperament of parent and child don't fit together automatically and it takes more work and time to develop a solid relationship. An example of this would be if you were affectionate and wanted to hold and cuddle your child a lot but your child was independent, wanted to do things on his own, and didn't seem to want to be held very much. It would be easy to think, perhaps, that the child was rejecting you when in reality he would simply be acting on his temperamental need to do things for himself.

Talk about your own experiences with your infants. Are they very active or only fairly active babies? How do you fit together as a pair?

UNIT III: CLASS 6: EMOTIONAL GROWTH THROUGH PARENTHOOD

Show the film Growing Up Together. The film was produced by the Children's Home Society and can be obtained from that agency at 3100 W. Adams Blvd., Los Angeles, CA 90018. The film is on two reels and it will take two meetings to show it and fully discuss it. The film can be controversial and it may stir up feelings of anger or sadness in the mothers toward their own mothers. It's well done, though, and appropriate here because it raises the issue of the families of young mothers; how they affected her decision to have a child and how they influence her mothering. Some topics for discussion that might follow include the following:

-Tension their pregnancies have created in their relationships with their own mothers. How they deal with those tensions. Have they eased? If they are still living at home, whether or not they resent having restrictions put on them now that they are parents themselves.

-How they themselves deal with the responsibilities of single parenthood? Do they live alone, with boyfriends, with parents? Do they feel primarily responsible for the infant? How do they deal with parental help or interference?

-Do they have mixed feelings about having kept their children rather than having given them up for adoption?

-How do they respond to the scene in the second film where the mother hits her child and says it's all right because it relieves her frustration and makes her feel better?

Do you need a man to bring up a child? Does it make a

difference if the infant is male or female? Some young mothers feel very thankful, for instance, that they have a female child and are unsure how they would raise a boy as a single parent.

The mothers will probably have a lot to say about the film if drawn out because there are a lot of controversial issues raised in it.

UNIT III: CLASS 7: DELAYED DEVELOPMENT

There are two good films which are appropriate for use in this section.

Person to Person in Infancy. This film illustrates the importance of a one-to-one relationship during the infancy period. It is available from Modern Talking Picture Service, 2323 New Hyde Park Road, New Hyde Park, N.Y., 11040.

Growth Failure and Maternal Deprivation. This film emphasizes the extremely important role parental attention plays during the period of infancy. Two young children who have been deprived of maternal care are filmed upon their entrance to a hospital. Although they are severely retarded developmentally at the onset, they are shown to respond quite rapidly to intensive stimulation through the course of their hospital stay. The film can be obtained through any of the three following McGraw-Hill distribution centers: EASTERN OFFICE: Princeton Road, Hightstown, New Jersey, 08520; MIDWESTERN OFFICE: 825 Custer Avenue, Evanston, Illinois, 60202; WESTERN OFFICE: 1714 Stockton, San Francisco, California 94133.

Have the parents read the curriculum materials aloud and discuss them before you show the films.

CURRICULUM: DELAYED DEVELOPMENT

We've seen that infants develop in many different ways and at different rates. Because of this, it is often hard to talk about what "normal" infant development is. The period of time a human infant takes to learn control over his own body and behavior is much longer than in other animals and some perfectly normal infants are slow to develop in one area or another.

Retardation is usually only suspected when there is a general pattern of slowness in development which is most readily seen in the areas of gross motor skills and language usage. Therefore, you might begin to suspect that an infant's development is retarded or delayed only if after a period of time he seems unable to learn many things that other infants are learning or have learned.

There are many causes for delayed development, but basically they can be divided into those that have their origin before the infant is born (they are genetic or physiological) or those that occur after the infant is born (they are environmental or psychological.) Can you think of some causes for both kinds of retardation?

A good number of babies who are born with conditions that cause problems in their development are able to overcome them with proper attention. For example, occasionally infants are born without the ability to produce certain kinds of chemicals in their bodies. Without these chemicals, their brains don't continue to grow as they should. Each of your infants was tested for this kind of defect soon after he was born. All babies are given this test because if this kind of defect is discovered at an early age,

the infant's diet can be supplemented with certain kinds of food which will allow him to develop normally.

Some infants do not develop properly or are born with defects because of something that was going on in the mother's body when she was pregnant. For example, if a woman who is pregnant gets German Measles, the virus which causes it is transmitted to the fetus and can disrupt development. Another way the fetus' development can be retarded is if the mother does not eat the right kind of food during pregnancy. Although she may not feel the effects of poor nutrition so much in her own body, the baby inside of her may be "starving to death" because it is a time in its life when it especially needs protein, vitamins and minerals for development.

Many children who wind up being labeled "retarded" by the time they reach school age seemed to be developing normally when they were infants. This fact has lead many people who study infant development to think that much of what is called "retardation" is not inborn. They think instead that it results from the kind of learning experiences the child has had as an infant and as a young child. Can you think of early learning experiences or lack of them that could lead to retardation?

The way that an infant develops has a lot to do with the kind of relationships he has with other people. One of the most important things that happens during an infant's first year of life is that he forms a close human bond with another person, usually his mother. This attachment occurs as he comes to recognize one particular person as the one he can count on to take care of him. By

the third month, an infant can usually recognize his own mother, and he is usually more comfortable with her than he is with anyone else. He learns about the rest of the world through the kind of relationships he has with his mother: if he senses she cares about him, then he feels that the whole world cares about him. Many people do not realize that the nature of an infant's early relationship with his mother will determine how interested he is in learning later on in life. If an infant doesn't have someone with whom he can make this primary attachment he will sooner or later withdraw and become disinterested in other human beings. This happens sometimes with infants who are raised in institutions and have many different people caring for them. Even though they are fed and changed and taken care of, without an important person to love them some of these babies die or become retarded in their development. An infant can also become withdrawn and disinterested if he is separated from his mother for a long period of time, especially before he has the language ability to understand that his mother will come back to him. Babies without a close attachment or love relationship early in life loose much of their ability to learn and grow and as a result are likely to show developmental retardation.

Unit IV: First Aid

The materials listed below can be used to stimulate discussion around health, hazards in the home and first aid.

-Breath of Life. Very well done movie demonstrating the use of artificial respiration. It is available from Pyramid Films, Box 1048, Santa Monica, California, 90406.

-Children at Play with Poisons. You should be able to obtain this movie through your local Public Health Department.

-Helping Baby Before You See a Doctor A Medical Manual for Caregivers of Young Children. By Trudy Latzko, R.N. The manual is available through the Family Developmental Center, 1855 Folsom St., San Francisco, CA. 94103.

The following pamphlets on first aid are available for free or at a minimal cost:

Poison Perils in the Home, National Safety Council, 425 Michigan Avenue, Chicago, Illinois 60611

First Aid for the Family, Metropolitan Life

Saving A Life, American National Red Cross

What Everyone Should Know About First Aid, Channing L. Bete Co., Inc., 45 Federal Street, Greenfield Massachusetts 91301

First Aid For Poisoning, The American Association of Poison Control Centers or through your local Department of Public Health.

UNIT V: DEVELOPMENTAL CRISES

This section addresses itself to behaviors which infants engage in during the normal course of development which seem to cause concern for parents. Prolonged sucking, body exploration and masturbation and failure to exercise bowel and bladder control by a certain age all seem to be behaviors which arouse embarrassment, disgust or anger in many parents. They are important issues to be discussed because parents' reactions to these behaviors, because of taboo and old learning which have made them seem "abnormal," can escalate what is merely a developmental phase into a developmental crisis.

These subjects can be touchy ones to deal with because attitudes toward behavior are mediated by value systems which differ between subcultures and are associated with different life styles and world views. Because many young parents live at home and are subject to the influence of their own parents, they may be less questioning of old patterns of childrearing.

Use as many class sessions for this unit as is necessary for your group.

MASTURBATION AND BODY EXPLORATION

This is a sensitive topic. Teenage parents are on the whole a lot less sexually liberated or enlightened than many people think they are. The word "masturbation" itself may produce blushes or giggles. Some will think it's all right for children to masturbate but not all right for adults. Others think that children will harm themselves physically if they do it. Although attitudes toward masturbation will vary, almost all parents have a hard time dealing with their own children's sexual exploration.

A good introduction and discussion of the topic can be found in the Parents' magazine filmstrip When Children Do Worrisome Things which is part of the series entitled Everyday Problems of Young Children. It is suggested that you show the film first and then discuss it using the questions from the discussion guide which is included with the strip.

The sound and color filmstrip set on Everyday Problems of Young Children can be purchased from Parents' Magazine Films, Inc., 52 Vanderbilt Avenue, New York, N.Y., 10017, for the price of $49.00 with a record or $58.00 with a cassette. The set includes 5 strips: When Children Disobey , When Children Are Aggressive , When Children Do Worrisome Things , When Children Are Afraid , When Children Begin School . You will be using the first 2 strips in Unit VI on discipline.

SUCKING

This section has been included because many young parents seem to have very strong adverse reactions to thumbsucking in their

children. The incidence of bandaging hands, tying hands to cribs and putting mittens on hands is high enough to wager that many parents inadvertently interfere with their infant's physical and emotional development through the measures they take to discourage thumbsucking.

If the mood is right in the group, have the mothers at some point close their eyes and try sucking their own thumbs for a few moments to see what feelings it elicits. Ask whether they used to rub their noses or carry blankets while they sucked their thumbs. Acting out behaviors associated with infancy or childhood in this way is often enough to trigger "psychomotor memory", memory of events which cannot be retrieved with thought or words, from those periods. Ask one of the parents to read aloud the curriculum on thumbsucking.

CURRICULUM: THUMBSUCKING

You probably discovered a few weeks ago when you tried to remember your own childhoods that it's very hard to remember anything from the time before you could talk. That's because your memories about your own infancies are not thoughts but feelings. Infants don't have "thoughts" in the same way adults do. That may be one reason why it is sometimes easier for parents to rely on feelings to tell them what their infant needs than to "think" about what he needs.

One thing most adults probably don't remember is how important "sucking" was for them as infants. Most people think that an infant's sucking has just to do with eating - that babies suck on or put something in their mouths because they are hungry or because

they want to eat it. The truth is that during the early part of infancy the baby's mouth is a sense organ: it is a way he gets to know things. Sucking is as important for him as seeing or hearing is for you.

Any of you who sucked your thumbs into childhood probably know that it's something a lot of parents don't want their children to do for lots of reasons. Have any of you had thoughts about that, or dealt with thumbsucking in your own children? What are your thoughts about it? What are your opinions about the use of pacifiers? How long do you think an infant or child should be allowed to such his thumb?

Thumbsucking is not just a habit: it serves a purpose for the infant or child. For example, many infants use thumbsucking as a way to calm themselves down when they are upset in the same way you might offer your infant a pacifier if he's upset. Other infants may be able to make themselves feel secure through thumbsucking because it reminds them of the feeding situation when they are cuddled in their mother's arms. Whatever the reason, THUMBSUCKING IS NOT AN UNHEALTHY THING FOR A BABY TO DO. An infant or child will usually give it up as he finds other ways to control his feelings.

BOWEL AND BLADDER CONTROL: REFER GROUP TO THE CURRICULUM ON TOILET TRAINING

CURRICULUM: TOILET TRAINING

In order to toilet train your infant, he has to be ready in two important ways. First, he must be able to control the muscles,

called sphincters, which control bowel movement and urine flow. Most infants do not learn to control the sphincter muscles until they are about 18 months old. Second, the infant must be willing to cooperate with you during training and ready emotionally to make the move from diapers to the potty chair. There's no reason to rush the process of toilet training: when your infant is ready it will be very easy for him to make the connection between the feeling of fullness in his bladder or bowel and using the bathroom.

You can start bowel training soon after your infant learns how to walk. Take him into the bathroom at those times during the day when he regularly moves his bowels and let him sit down on the potty chair or the toilet. Many infants are more comfortable in a potty chair because it is close to the floor and because the sound of flushing is sometimes frightening. Try to show him what you want him to do by making a grunting sound or using a familiar word. Let him sit on the chair for five minutes, unless he gets upset or shows you in some other way that he doesn't want to be there. If he gets upset, or doesn't move his bowels within that time, take him off without making a fuss and try again the next day. When he is ready, you can be assured that he will do something in that five minutes. There is little point in making him sit on the chair for a long period of time during training. You run the risk of losing his cooperation and you may turn him off to the whole process.

It takes longer to learn bladder control than bowel control. Again, your timing will have to be geared to your infant's

development. When you first start noticing that he is dry for two hours or so, you will know that your infant is starting to learn to control his bladder in the same way that an adult does. This usually happens between 18 and 30 months of age. Your infant at first will only be able to tell you after he has already urinated. This will be frustrating for you but remember that your infant is learning all the while to make the connection between the feeling of having to urinate, the words with which he expresses it, and telling you. Eventually, he will be able to tell you beforehand, but only at his own pace. That's the time that you will probably want to change from diapers to training pants; after he has achieved some success.

It is only natural that during the course of training your child will have accidents or seem to forget what he's learned. It's best for the infant and for you if you handle those slips in a matter of fact way. Punishment hardly ever speeds things up and most often it either slows them down or leaves psychological scars.

It usually isn't until three or four years or older that a child will be able to control his bladder all night long. If you have the energy, it is all right to take your infant to the bathroom during the night to avoid a wet bed, but that will disturb his sleep and he may not like it. If he resists being awakened, you can just bundle him up, put a plastic mattress cover on the bed, and feel assured that he will suffer no ill effects from sleeping in wet diapers through the night.

It's important to remember always during training that there's

no rush. Infants of toilet training age are just at that stage when they are learning to be willfull and independent. A lot of pressure from you in this area could make the child resistant to your training and turn something which could have been very simple into a battle.

UNIT VI: GROWING WITH YOUR CHILD: DISCIPLINE

UNIT VI: CLASS 1: ROLE PLAYING

In this meeting you will be asking the parents to act out the roles of parent and child with each other. The role playing situations are modified versions of the exercises described by Virginia Satir in Peoplemaking.* The mothers will probably experience reluctance and stage fright to begin with, but if you act out the roles first, either with another teacher or with one of them, and make it seem as if it is fun, they will probably be eager to try it themselves. When you conduct the demonstration, it helps to exaggerate the role of the child by doing things such as sucking your thumb, getting into positions children get into such as squatting, looking at a toy from all different angles and making facial gestures that children make such as pouting or sticking out your tongue.

These are good exercises for many reasons, but two seem particularly important. First, the parents in the role of parent will probably act in the situations as they do with their own children with a little bit of exaggeration. This exercise, therefore, will help them become more aware of the tactics they employ when dealing with their own children and where they run into snags. Second, in their roles as children they will probably act as they think their own children would or as they remember they did as children. Therefore, it's a good opportunity for them to experience things again from a child's point of view. First, have one

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* Material modified from Satir, Virginia, Peoplemaking, Palo Alto, California: Science and Behavior Books, 1972.

of the parents read the curriculum on discipline aloud. Then move on to the exercises.

CURRICULUM: DEALING WITH YOUR INFANT'S GROWING INDEPENDENCE

Your child is, or soon will be learning how to walk, to talk and to a certain extent, take care of himself. All of these changes will make for a change in his attitude toward you and the rest of the world. Between the ages of one and two years he will begin to realize that he can make things happen: he can move things, break things, get places faster, make you do things, and so forth. This discovery, that he can make things happen that he wants to happen, signals the beginning of a need, which will grow stronger and stronger all the time, to assert his will (to have things his way) and to be more independent.

It is a time when discipline, or control, becomes important for you as a parent. The way you handle your infant's natural curiosity about everything and his need to have his own way will determine whether he grows up feeling good or bad about himself. There are many different ways to handle discipline and to be a good parent, as many different ways as there are parents.

As a general introduction, explain to the mothers that you are going to ask them to do some exercises in which they will separate into pairs and where one person will play the role of parent and the other will play the role of child. Emphasize that it will be important for the one playing the child to really try to feel the way a child would feel, to think as a child would think, and to behave as a child would behave. In order to get into the role,

they might try to remember how they were as children, or they might try to model themselves as their own children. Explain that the one playing the parent can either act as she would herself with her own child, act out her idea of the "ideal" mother, play her own mother, or anyone else. Ask them to be aware at all times of how they're feeling as parents and children in their roles. Have them divide into pairs by counting unless they would rather just pair off on their own.

EXERCISE I: Have the one who's playing the child kneel down on the floor facing the parent who is standing up. Have the pair simply look at each other for a moment as they try to get into their roles. Ask them to notice how it feels to be little and how it feels to be big. Next, ask the parent to shake a finger at the child as though she were scolding her. Tell the child to react to the scolding as she thinks a child would or as she would have reacted as a child. When the pairs have all done this and the child has been given time to respond, ask each of them to talk about how it felt to scold and to be scolded? How did that make the parent feel? How did the child feel? Did it bring back old childhood feelings? Did the child feel bad, or did she feel that the parent was being unfair? Did the parent feel stern? Did she feel powerful? How did she feel about the child? Did she feel that the child was bad? Ask any more questions that seem to evolve naturally out of the parents' responses. When you're finished, have them reverse roles and do the same thing again.

EXERCISE II: This time you're going to ask the parents to act out a situation that might happen in real life. The child this

time is to be busy doing something she likes to do: watching television, playing with toys, etc. The parent wants to go to the store and take the child with her because there's no one else at home to take care of her. But the child doesn't want to leave because she's involved with what she's doing. Ask the one who's playing the parent to try to get the child to go to the store with her, and the one who's playing the child to resist going. Remind them that at all times the parent will be standing up and the child either kneeling or sitting on the floor.

When the pairs have finished acting out this exercise, ask the following questions or any others that seem to evolve naturally out of the discussion, then have them switch roles.

How did it feel being a parent? How did it feel being a child?

EASY TIME GETTING COOPERATION:

Who had an easy time getting the child to go with her? Ask the pair why it was easy. How did the child feel about what the parent did? How was she convinced? How did the parent feel about what the child did? How did she convince her?

HARD TIME GETTING COOPERATION:

Who had a hard time getting the child to go with her? Ask the pair why it was hard. How did the child feel about what the parent did? What would she have liked the parent to do instead? How did the parent feel about the child? How did she feel about what she did as a parent, and why does she think it didn't work? What could she have done instead? What does she think about the child's suggestion for what she would have liked the parent to do? Would it have worked?

HITTING:

Did any of the parents hit the children or feel like hitting them as a last resort? Or was hitting the first impulse? What held them back? How did the child feel about being hit? What did she feel like doing in response?

Did the mothers react at all like they do with their own children? In their roles as children, did they act like their own children? If so, how did it feel to be acting as their own children? Did they feel it was all right to fight back? Were they aware of trying to manipulate the parent?

BRIBING:

Did any of the parents try to bribe the child? Did it work? How did the child feel about it? How do the parents feel about bribing children? Do they bribe their own children? Does it work?

EXPLAINING:

Did any of the parents try to explain things rationally to the child? Did it work? Ask the one who played the child if she understood when the parent tried to explain the situation rationally. Did explaining help convince her? Ask the parents how old they think a child has to be before you can really reason with her? How do they feel about giving explanations to their children?

MODIFYING THE SITUATION:

Did anyone try to modify the situation by suggesting that the activity could be fun for the child. For example, did anyone suggest that it would be an opportunity for the child to take her doll for a walk? Or did anyone appeal to the child by saying that she'd need help carrying back the groceries?

What would they have done differently if it had been a different situation and they had been, for example, trying to get their child to go to sleep? Would the same things have worked? How do the parents handle bedtime at home? Do they get around it by letting the child go to sleep whenever she wants to or do they enforce a certain time?

Ask the parents how getting a child to do something is different from trying to get an adult to do something.

If the parents are still interested and you have time, you might have them switch partners and repeat both exercises.

UNIT VI: CLASS 2: DEALING WITH AN INFANT'S AGGRESSION

Because of their own egocentrism, adolescent parents may be more likely than adult parents to relate to their infants as extensions of themselves rather than as separate individuals. The belief that an infant's inappropriate or "bad" behavior reflects on them as being bad individuals or bad parents may in some cases trigger harsh overractions in response to a baby's misdeeds. This is especially likely to be true when the young child has hurt or in some way offended another individual, who may in turn be critical of the parent. The parent may then punish the child to alleviate the sense of shame without dealing with the management of the behavior.

It can be very difficult for a parent to learn to mediate effectively in her child's relationships, especially if she has a shakey self identity or low self esteem. When the parents talk about how they would deal with an infant's aggression in the values clarification exercise to follow, they will really be talking

about themselves and the tactics they employ to get along with other people and maintain self esteem.

You might want to create your own values clarification exercise around an event or an issue which is particularly relevant to your group.

Refer to the curriculum on "Dealing With An Infant's Aggression."

CURRICULUM: DEALING WITH AN INFANT'S AGGRESSION

When an infant first learns to walk he usually won't let his mother out of his sight for very long without running back every so often to make sure she is still around. But as your infant develops a "mind of his own" he will become braver in his explorations away from you. He will also become braver and more curious about other people, and that means the beginning of a new task for you as a parent - helping your infant learn how to cooperate. An infant isn't born with a sense of how to get along with other people. At first he can only think about himself and what he wants and there are times when he will get frustrated or angry with other people when they make demands of their own.

Break down into groups of four and talk about how you'd deal with this situation:

> You've left your infant with a sitter or at a day care center for the day and when you come to pick him up you find that he has a bite mark on his face. No one says anything about it, but you hear by rumor that another child at the sitters or at the center has bitten him while no one was watching. You find out who the other infant's mother is but she looks away every time you catch her eye. It seems as if she knows, but you're not sure.
>
> What should you do?
>
> What do you think about the mother? How do you feel about her? Do you have the right to tell another mother how to

discipline her child?

What would you do if you were in the other mother's place?

What would you do to avoid situations like that with your own infant if he were at the biting stage? How would you handle it if he tried to bite another child?

Do other people have the right to discipline your child? Under what circumstances?

How do you share discipline with your own parents, boyfriends, or husbands?

When the parents have had enough time to discuss the issues in groups of four, ask them to come back to the larger group and report on how group members responded to each of the questions. You can ask one person from each group to be the spokesperson.

The last question (do other people have the right to discipline your child?) may evolve into a more general discussion of how they share the disciplining of their infant with their own parents if they live at home, or with the father of the baby. Many young mothers feel that they alone have the right to discipline their infants. Those who share disciplining the child with others may have difficulty negotiating with parents and boyfriends over what forms of discipline are appropriate or not appropriate. Encourage the mothers to talk about how they deal with these issues at home. When the parents have had enough time for discussion, have them return to the curriculum and read it aloud.

CURRICULUM

Young children often hit, bite, scratch and fight with each other in the course of learning how to get along. Little hits and spats are probably best ignored unless someone is really being

hurt. Sometimes you can turn a fight or something that looks like it might turn into a fight, into a game, though. For example, if infants are pushing or hitting, you may be able to turn the activity into a cooperative game that is equally active, such as "ring around a rosie", instead of scolding one child or the other (or both).

If your infant has one particular undesirable angry behavior that he does all the time, though, such as biting or throwing temper tantrums, then other steps need to be taken if you want the behavior to go away. It's easier to figure out what to do if you know something about the rules of learning. One of the important rules is that if you follow a certain behavior (like hitting) with an event that is pleasing or rewarding to the infant, (like a smile), he will be more likely to repeat the behavior. For example, if a toddler cries for candy when you go to the store and you give him some candy right afterwards, he will be more likely to continue to cry for candy every time you go to the store. So if you don't want an infant to repeat a certain behavior, like biting, you won't want to do anything that will reward him for it. Sometimes, paying any kind of attention to a child when he does something like that is rewarding, even if it is negative attention such as yelling. For that reason, one way to handle an aggressive act like biting is to pick the child up without making a big deal of it and put him somewhere by himself for a few moments until he cools down. It's the same with temper tantrums: if you can stand to ignore them, they will usually stop.

Usually, if young children get a firm sense from you about what behaviors are not acceptable, they will learn very quickly not to do them.

Firm means that they know you really mean it, and there are many ways to get that message across. What ways do you use? Some examples are changing your tone of voice, making some kind of a movement with your hand, getting a mean look on your face, spankings, etc. Which method works for you?

Spanking or physical punishment often seems to work as a last ditch effort when you have reached your wits' end. It's easier to "strike out" when you are frustrated than to think of another solution, but many experts feel that "hitting" isn't a good way to discipline a young child. One reason it may not be good is that you are setting a bad example for the infant: you are showing him through your behavior that it is all right to hit. What are some advantages and disadvantages of spanking? Do you think you would handle discipline differently if your infant were of the opposite sex? Were your brothers disciplined differently than you were?

For sure, your toddler won't get a clear sense of what you want if you give him two messages at the same time. For example, if one day you get mad at him for saying a dirty word and the next day laugh at him when he says it because you think he's cute, forget it. Similarly, he won't be able to understand your instructions when they are too complicated, such as "It's all right to hit back but not to start a fight."

UNIT VI: CLASS 3: FILMSTRIPS

Show the filmstrips entitled When Children Disobey and When Children Are Aggressive from the Parent's Magazine Film series

called Everyday Problems of Young Children . Instructions for ordering the series can be found in class one of unit five.

These two films will serve as a summary of the issues you've talked about in the two previous sections. They are succinct and well done, and you can lead a discussion using the guide which accompanies the series. If your group is growing tired of the discipline issue, you can save the strips and show them at a later time. The same problems will come up again, and again, and again around the age old issue of discipline.

UNIT VI: CLASS 4: DEALING WITH A PARENT'S ANGER*

There are many times when an infant's actions, however innocent, produce angry feelings on the part of adults. Some parents ask whether or not they should show those feelings to the infant, expressing some concern that the intensity of the anger alone will make their infant afraid of them. There is no doubt that anger is a potent emotion: if a parent's intent is to punish, venting anger toward the child can be as effective as a spanking. The infant usually receives this "punishment" with feelings of fear, helplessness, and sometimes rage. And yet it's not healthy for parents to hold back angry feelings when they arise. There are alternatives to expressing anger in such a forceful way that it turns the infant away from the parent. Sometimes it's helpful to look at what feelings lie behind the anger, for anger is known as a "secondary" emotion which is used outwardly toward another to hide "primary" feelings, such as hurt, frustration, sadness, rejection, disappointment, inadequacy, and so forth. As a method for exploring anger and its sources:

1. Ask group members to think of a time last week when they really felt angry toward their infant and let the infant know it. Have them share their examples.

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*Special thanks to Marian Lane for developing and writing most of this chapter.

2. Ask members to reflect on how circumstances at that time could have been different so that they might not have felt angry toward the child.

3. Explain that there are three factors involved in determining whether or not an infant's behavior is going to be acceptable or unacceptable to the parent.

4. A. Environment: The environment in which the behavior takes place. Example: Baby is sitting and playing with a rattle and making a lot of noise. Would this behavior bother you at the park? While you sat and watched T.V.? How is the baby's behavior interfering with you? Why do you get upset?

   B. Self: The state of the parent. Example: Infant spills milk on the floor. Would this behavior bother you if you had a good night's sleep and all was well for you at home and school? What if your friends were mad at you and you felt really tired? Who is different, you or the infant?

   C. Infant: Individual characteristics of the baby. Example: Infant is crying at 3 a.m. Would this behavior bother you if you infant rarely woke up at night? If you baby had awakened every night at 3 a.m. for the past three months? Do your feelings of being upset depend on the individual characteristics of the baby or on the particular incident?

List these three categories on the board and have the group describe what was going on in one category or another that contributed to their angry responses in the examples they've given.

4. Discuss the different reasons members have for getting angry or upset with their infant. Understandings to develop are:

   A. We have various reasons for anger and whether or not we get angry.

   B. Anger is the result of our life being disrupted. We have needs not being met.

   C. Even if the infant's behavior stays the same, changes in the environment, ourselves and the infant may or may not produce anger.

   D. We have other feelings under the angry ones which we can send out instead of our anger.

After discussion, have group members turn to the section in

the curriculum on talking straight.

CURRICULUM: TALKING STRAIGHT

When you get angry or upset with your infant, your life is being disrupted in some way. Anger hides feelings of fear, helplessness, hurt, sadness, rejection, disappointment, being "down," etc. Can you remember a time when you know your anger was covering up another feeling?

There may be times when you let your child know you are angry, but not <u>why</u> you are angry: when you don't let him know what feelings lie behind your anger. When this happens you are more or less blaming your infant for causing you distress. Blaming does not help your infant feel good about himself. Telling him straight how you feel and why you feel that way does not hurt him so much and helps him know what you need.

Fill in the following chart using examples from your experience:

<u>What infant did</u>	<u>What you felt</u>	<u>What you did</u>	<u>Reasons for upset</u>
Wet on floor	mad	yelled at her	-had to clean floor -took up my time - wanted to do other things

From the information on the first chart you can form a message to send to your infant that will let him know three things:

1. What he did (so that he knows it is wetting on the floor and not throwing the soft toy that bothered you).
2. How you felt about <u>it</u> (the behavior-not what you felt about him).
3. How the behavior interfered with your life. (As he grows older, he will need even more to know why something bothers you).

What infant did	Your feelings about it	How your life is being interfered with
Wet on floor	mad - overworked	Have to extra clean up

The message in the case above would sound something like "You wet on the floor and I'm really angry about it because I already feel overworked and now I have to take extra time to clean up the floor."

You can use this chart to form other messages to send to your infant. Instead of "blaming" ("Darn you, you always wet your pants when I'm busy"), make a statement about how you feel, using the word "I". "I" statements hurt your baby less than blaming statements and allow you to tell him how you feel without harming your relationship.

UNIT VI: CLASS 5: DEALING WITH ANGER

This is an exercise designed to get at the mother's reactions to anger and to demonstrate that no two people see the same situation, especially an emotional one, in exactly the same way. It will be an opportunity for the mothers to explore their own reactions to anger and to look at the things that affect those reactions. This, of course, can be related to the way they respond to anger in their own infant. You'll only want to do the exercise if you are on good terms with the mothers and if there's an atmosphere of trust and good feeling in the group.

Ask one of the mothers with whom you have a fairly close relationship if she'd be willing to stage a fight with you in

front of the group just before the meeting starts. You should, of course, explain the reasons for staging the fight and let her know that everyone will be told it was "put on" immediately afterwards.

It would be best if you could have another teacher or some other person who could act as an observer sit in on this group. While the fight is going on, she would pay special attention to the group member's reactions to anger and how they choose to deal with it. For example, some of the mothers might try to calm the teacher or the student down, others might ignore the exchange. This information would be useful later on when you discuss people's reactions. Situation: The mother you've picked will come into the group late. You'll say something to her like "I though we'd all agreed to be on time to these meetings" or "I'm sick and tired of you being late." Your statement could change depending on the circumstances, but it should be one designed to provoke her. She will respond with anger herself, perhaps telling you to leave her alone or that it's none of your business.

Both of you should continue angry exchanges for a period of time until finally she leaves in a fit of rage, either at your request or of her own volition. It's most important that the argument seem real to the other mothers.

Once she has left the room, tell the mothers that you're interested in hearing from them what they thought went on and would like them to write down exactly what they saw happen. Once everyone is finished tell them that the fight had been staged, and have the mother who left come back into the room. Have them keep their papers for later.

Explain to the whole group that you staged the fight for a

couple of reasons. First, to provide a real life situation having to do with anger so that they could explore their reactions to it, and second, to demonstrate differences in point of view by having them write down what they saw.

Use the following questions to stimulate discussion:

...What feelings did you have while the argument was going on?

...Did it bother you?

...Did it make you feel angry yourselves?

...Did it make you feel scared?

...What did you do with those feelings?

...Did you feel like getting involved?

...Did you get involved?

...If you didn't, what kept you from doing so?

...Did you feel like taking sides?

...Did you?

...If you didn't, what kept you from doing so?

...Did you feel like stopping the argument?

...Did you try to do that by changing the subject?

...Did you do that by trying to cool people down?

...Are there any parallels between your reactions here and your reactions to your infant's expression of anger? Do you often feel like stopping your infant when he gets angry? How do you think your infant feels when you stop his anger?

When this discussion is finished, ask if any of them are willing to read their descriptions aloud. If they are hesitant, point out that it's only natural to take sides when trying to understand emotional situations and that the differences in points of view within the group will be interesting to talk about. You might hear things like

"Molly was in a really bad mood today and seemed to really take off when Cheryl started yelling" or "Cheryl really overreacted and treated Molly unfairly when she was late and that's why Molly got so upset."

Encourage as many mothers as possible to read their descriptions, making comments after each one. You can point out differences between the descriptions and talk about what seemed to be important to one person and not another. You should emphasize all the time that there is no such thing as being "objective" in a situation, especially when there are emotions involved.

UNIT VII: GROWING WOMEN

This new unit signifies a redirection of focus from "Woman as Mother" to "Woman". It will provide the group members with an opportunity to explore their personal feelings, attitudes, and philosophies as women within a particular culture. There will be fewer curriculum materials and less structure from this point on and it is hoped that there will be enough of a feeling of group cohesion by this time for discussion to take off spontaneously.

UNIT VII: CLASS I: GROWING WOMEN

The film to be shown during this meeting is called Women Emerging : a 27 minute black and white film made by Far West Laboratories for Educational Research and Development. It is currently being distributed by the University of California Extension Media Center, Berkeley, California 94720. The film features a series of discussions which took place in a multi-cultural women's group in a Berkeley high school over the period of a semester.

Show the film after the mothers read the curriculum materials aloud.

CURRICULUM: GROWING WOMEN

The choices you have made about how to provide for and raise your infant have all been affected by how you see yourself as a woman. Decisions, for example, about whether to live in your parents' home, by yourself, or with a boyfriend or husband, about whether to work to make money or to be supported, have all been affected by the way you see yourself as a growing woman.

How you see yourself as a woman is, of course, affected by the community in which you live. Your community is composed of people you have close contact with every day, which includes family, friends and schoolmates. The important people in your life have all affected your attitudes in important ways about such issues as whether to remain single or to marry, about whether to work toward a career or to have children, or both, about whether to support yourself or be supported, and so forth.

Looking at the decisions you've made as you've grown, and at

the attitudes and influences behind those decisions, can sometimes help you clarify for yourself what it is you really want and whether or not you're taking the right steps to get it.

You are going to see a film called Women Emerging which was made in a multi-cultural women's group in a high school in Berkeley, California. As you watch the film and hear the women talk about their own lives, try to think about your own attitudes on the issues they talk about so that you can share them later with the group.

After the film has been shown, you can open discussion simply by asking for reactions. It may be helpful to write down specific questions to ask when you preview the film before the class. There is an intense discussion of racial relations at the end of the film that could lead immediately into a discussion of prejudice, attitudes toward separation vs. integration, what role race has played in the mothers' development as women and mothers, etc.

At some point after this class you may wish to show films about family systems and methods of childrearing in different cultures. Examples are the kibbutz in Israel, the extended family systems in mainland China and Africa. You might try to find out which films are available through your local library.

UNIT VII: CLASS 2: WHAT ARE YOUR CHANCES OF GETTING PREGNANT TONIGHT?

Have the group members write answers to the questions in this section.* That should take about 15 minutes of class time. When

* "What Are Your Chances of Getting Pregnant Tonight?" has been been reprinted from the March 5, 1975 issue of the San Francisco Progress with the kind permission of the editor, Thomas J. Watson.

tney have finished, have them refer to the answers on the following page of the curriculum and discuss each question. Encourage the group members to ask any other questions they have to talk about their own experiences, and to share any beliefs they may have that have been passed down by friends or family. For example, they may have heard that douching with coke prevented pregnancy. It may take longer then one class period to discuss each question thoroughly.

CURRICULUM: WHAT ARE YOUR CHANCES OF GETTING PREGNANT TONIGHT?

1. What birth control method is 100% effective?
2. Can you get something to prevent conception without seeing a doctor?
3. How long does the pill take to work?
4. Does swallowing a whole packet of pills bring on an abortion?
5. Does vaginal foam offer protection against veneral disease?
6. Is it safer to make love before a period or after a period?
7. Can you get pregnant if you don't have an orgasm?
8. How much does family planning advice cost?
9. Is there a special method of contraception for young girls?
10. How many children can a woman have?
11. Does a woman have to worry about contraception after she's had the menopause?
12. How does a diaphram work?
13. Can a man have a climax after a vasectomy?
14. Is there anything wrong with douching after intercourse to prevent pregnancy?
15. When did birth control first start?
16. How old do you have to be to get birth control devices?
17. Can a teenager wear a loop?

18. What happens if the pill causes side effects?

19. How can you tell if you're pregnant?

20. Can a woman change her mind after sterilization?

21. Can a condom come off during intercourse?

22. Can you get pregnant if you masturbate after necking?

23. How can one woman make another pregnant?

24. Is it true that if a male withdraws before he comes, his girlfriend can't get pregnant?

25. Is there a certain time of the month when a woman can't get pregnant?

26. Do you become unusually fertile when you stop taking the pill?

27. How would you feel with an interuterine device (IUD) inside you?

28. Can you insert a diaphram early in the evening if you think you may have intercourse later?

29. Where does one go to get birth control information and devices?

CURRICULUM: HERE ARE THE ANSWERS TO THE BIRTH CONTROL QUESTIONS:

1. None. However, some methods are 98 per cent sure. These include the pill, the diaphram used with spermicidal jelly or cream, vasectomy and the condom used in conjunction with spermicidal foam.

2. Yes. Spermicidal vaginal foam (not to be confused with vaginal spray deodorants displayed on the same shelf) can be purchased in drug stores and some supermarkets. Condoms can be purchased over the counter at drug stores. When both are used together, chances of conception are nil. Using either product alone increases the risk of pregnancy, but is better than no protection at all.

3. One should plan to take the pill for a full monthly cycle before relying on it as a birth control method, according to many doctors. In the meantime other methods, such as the diaphram should probably be used.

4. No. Taking drugs to induce abortion is dangerous, and it is unwise to try and terminate a pregnancy without medical advice.

5. No. It doesn't offer much protection against pregnancy either unless used in conjunction with a condom.

6. The days immediately preceding the menstrual period are safer than others, but sperm can stay alive in the female body for as long as 12 days, so no time of the month is complecely risk free.

7. You certainly can.

8. Advice on family planning is free. District health centers and Planned Parenthood clinics usually provide birth control equipment free for those without funds.

9. There are special contraceptive methods for every woman, young or old. What method is best depends on the individual. That's why consultation with a family planning clinic or a private doctor is strongly recommended.

10. A healthy woman could bear a baby every year. Perhaps 20 or 25 children. Could you bear the thought?

11. Menopause doesn't happen all at once. A woman should wait at least a full year after her final menstrual flow before abandoning birth control.

12. A diaphram is a shallow rubber shield that covers the cervix. It is absolutely essential that it be properly fitted by a doctor. To be effective it must be used together with spermicidal cream or jelly.

13. Sure.

14. Plenty. It doesn't work and it can cause an infection.

15. Anthropologists claim that primitive tribes used birth control methods, and it is pretty well established that the Egyptians concocted contraceptive creams 3,000 years ago.

16. If you're old enough to get pregnant, you're old enough to get birth control help. Services for teenagers are no longer rare. Even the public health centers often provide birth control to anyone 15 or older who tells them she is a liberated minor living away from home. Parental consent is not required at many private clinics.

17. It is not generally recommended. The loop appears to work best for women who have already born one child.

18. There are several kinds of pills. If one causes side effects, your doctor might recommend another brand or the low estrogen mini-pill. Alternatives such as the diaphram and the loop are

also available. The diaphram does not cause any side effects at all.

19. If your menstrual period is two weeks late, you can go and get a pregnancy test (often free) at the district public health centers or Planned Parenthood.

20. Not usually. Sterilization is a last ditch method reserved for those who are absolutely certain they do not want any children or any more children.

21. It's not likely. However, it can slip with detumescence so it is wise for the male to withdraw from the vagina soon after climax. Condoms work best when used in conjunction with vaginal foam.

22. No. Pregnancy requires sperm in the vagina. However, it only takes one. A little drip can do it.

23. She can't. But she can contribute to future pregnancies by giving erroneous advice. Better to trust a family planning clinic.

24. It is not. Reliance upon withdrawal is not only frustrating, it contributes directly to the population explosion. Males release sperm before climax.

25. Yes, but it is virtually impossible to predict when it is. A menstruating woman is not likely to conceive. But doctors claim it has happened.

26. Fertility increases slightly when the pill is first stopped, so it is wise to be particularly cautious with other methods at that time.

27. Reactions to the IUD vary. You would have to discuss the matter with a doctor. Some women have a lot of trouble, others find the IUD both comfortable and convenient.

28. You can, but it is best to insert the diaphram within an hour of intercourse. It is essential that the diaphram be left in place for at least six hours after coitus. If intercourse is repeated in the interim, additional spermicidal jelly should be placed in the vagina without removing the diaphram.

UNIT VII: CLASS 3: CONTRACEPTION

As a basic text for this class you should have enough copies of a book by the Boston Women's Health Collective called Our Bodies, Ourselves so that each member can have one. It is well written, has diagrams and is a handy reference for the group members to have. Have the group members take turns reading aloud the curriculum section for this class and encourage discussion around the four questions. Then turn to the sections in Our Bodies, Ourselves on different methods of birth control (pp. 111-137) and peruse the alternatives.

If any questions arise about vaginal discharges or venereal disease, or if you choose to bring the topic up yourself, the Well Body Book, by Mike Samuels and Hal Bennett, which is easy to read and extraordinarily nonjudgemental, has a good section on such things. It is highly recommended.

CURRICULUM: CONTRACEPTION

We've seen before that an infant develops as he gradually learns to control his own body: he learns to walk, to control his bladder, to talk, etc. The process of taking control over your own body and your own life really never stops; you are always learning how to be more effective in what you do and how to find different ways for getting what you want. One area of growth that just begins in many ways with adolescence is sexuality. One part of taking control over your life and body sexually involves learning how to handle sexual feelings in a way that feels right for you, and how to integrate them (or fit them together) with the rest of your life.

Another part of taking control over your life and body sexually involves deciding whether or not you want to have children and when you want to have children. It is your responsibility to yourself as a woman to take care of your body, to understand how it functions and to make a decision about whether or not you want to have children if you're sexually active.

...Do you plan on having more children?

...How are you planning on spacing them?

There used to be a time when responsibility for birth control was largely the man's because the only contraceptive available was the condom. As more methods have become available to women, many men seem to expect the woman to take full responsibility. The reality is that contraception is a two person responsibility: neither the man nor the woman should take it for granted that the other is going to prevent pregnancy if it is unwanted. There are enough methods and combinations of methods available so that a couple should be able to decide together which one is easiest for them both to use.

...Are you able to talk with your partner about contraception or other sexual concerns?

...If you aren't, what holds you back?

UNIT VII: CLASS 4: MALE AND FEMALE, WHAT ARE THE DIFFERENCES REALLY?

In preparation for this class, read Eleanor Maccoby and Carol Nagy Jacklin's article called "Myth, Reality and Shades of Gray: What We Know and Don't Know About Sex Differences" in the December, 1974 issue of Psychology Today. They talk in the article about findings of research studies designed to explore some common beliefs, or stereotypes, about what the differences are between the sexes. Some examples of those stereotypes are "Girls Are More Social Than Boys" and "Girls Are More Suggestible Than Boys".

Have group members read the curriculum materials and then discuss the stereotypes one at a time. Encourage them to talk from their own experiences. If the group members are in the mood to talk about themselves, this exercise should lead into a real sharing of personal feelings and experiences with each other. The possibilities are limitless, from their relationships with their boyfriends to the sex role sterotyping that goes on with their own infants.

You probably won't finish with all of the stereotypes in one session, and might want to continue with them for another meeting or two.

There is an excellent film available on sex role stereotyping in the schools, grades kindergarten through eight, called "I is for Important". The film focuses on how sex role biases are perpetuated by teachers and through social interactions with peers. It has been developed by the Stanford Center for Research and Development in Teaching and the Far West Laboratory for Educational Research and Development and is being distributed by the University of California, Extension Media Center, Berkeley, California 94720.

CURRICULUM: MALE AND FEMALE: WHAT ARE THE DIFFERENCES REALLY?

Everyone knows that there are differences between the sexes, but aside from physical appearance and physical differences, scientists have been unable to say for sure what the differences are. Your opinions about what it means to be a woman and what it means to be a man affect your relationships with people. For example, if you believe that "a real man is strong", then you might look upon men who aren't strong as being a little less than masculine.

There are common beliefs within our culture about what the differences are between the sexes but they are undergoing a lot of changes now, especially since the women's liberation movement got off the ground. Sometimes these beliefs are called stereotypes because they are judgements about how a whole group of people are, or should be, (all men are, or should be, strong) when in reality there are many individual differences.

A common stereotype about females in the past, for example, has been that they can't stick with a career as well as a man can because once they get married and have children they won't have time to work. As times are changing, though, and many women are both building a career and having children, people are beginning to see that what was once believed to be a real difference between men and women is in reality only a myth, or a belief, about how men and women are different.

Think about these common stereotypes about differences between the sexes and decide whether or not you agree with them. Then, drawing from your own experience, talk about why you agree or disagree.

...females are more social than males

...females are more easily influenced than males (or it's easier to change a female's mind)

...females have less confidence in themselves than males

...females are less interested in doing well in school or in getting good jobs than males

...males analyze things more than females

...males are more aggressive than females

...males like to compete more than females

...males are more dominant than females

...females are more passive than males

UNIT VIII: PRE-NATAL DEVELOPMENT

In preparation for this class, you should purchase enough copies of Life Before Birth, Life Educational Reprint 27, so that each of the group members can have one. The reprint is available through Life Educational Reprint Program, Box 834, Radio City Post Office, New York,N.Y. 10019. The write-ups under the photographs in the reprint can be read aloud as the mothers browse through it. First have them read aloud the curriculum materials for this section.

CURRICULUM: PRE-NATAL DEVELOPMENT

During the course of pregnancy, you share your body with another developing human being who is very sensitive to what you take into your body. How well you take care of your body before and during pregnancy, therefore, will affect the way a tiny fetus develops inside of you. Researchers have found that there is a relationship between poor nutrition and complications of pregnancy and development of the fetus. Women of childbearing age can make sure that their bodies will provide a healthy home for a new life if pregnancy should occur by developing good eating habits that they can live with all the time, not just when they find out they are pregnant. The food you have been eating over a long period of time has gone into building your body the way it is now, and it will take a fair amount of time before you can really feel the effects of new improved eating habits.

The development of a fetus can be negatively affected by other things that an expectant mother might take into her body. There are many drugs that interfere with the normal course of fetal

development if the mother takes them. For example, a little more than 10 years ago doctors found that the babies of many mothers who had taken a medicine called thalidomide during pregnancy were born without limbs and with other deformities. For this reason, many experts recommend that no drugs be taken during pregnancy unless a medical doctor is consulted first. Doctors have different opinions about whether or not marijuana affects fetal development, but some are suggesting that hallucinogens (LSD) taken in large quantities can have serious effects on the fetus if the mother takes them during pregnancy.

The development of a fetus can be disrupted by certain infections caused by viruses if the mother contracts them during pregnancy. The most dangerous of these viruses is commonly called German Measles. If the mother has the disease during the first three months of pregnancy chances are one in three that her child will be born deaf, blind, mentally retarded, or with heart disease. Because German Measles can cause such severe damage to the fetus, and because it is possible to have measles without knowing you have it, many doctors recommend that young girls be exposed to the disease before they are of childbearing age so that they can build up an immunity to it. Once a person gets German Measles, the chances are small that he will get them again. How many of you have had it?

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